

**ЗдравПлюс / ZdravPlus**

ENSURING ACCESS TO QUALITY  
HEALTHCARE IN CENTRAL ASIA

## Six-Month Report January – June 2004

Prepared by: **ZdravPlus**  
For: **USAID**

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## **REGIONAL Six-Month Report January – June 2004**

### **REGIONAL SUMMARY**

During the first half of 2004, the ZdravPlus reform work has continued on the country level, taking into account specific events in each country. At the same time, several regional events have brought representatives from the various Central Asian countries together for educational purposes and to allow for exchange of information and experience. During the last six months, major regional events included the Regional Quality Conference, the Eurasian Network of Drug Information Centers Conference, and the Nursing Conference.

Ongoing activities have included the Council of Rectors and the Nursing Council, which bring together members from across Central Asia to address the important issue of medical education, as well as training for family practitioners from across the region at the Bishkek Family Medicine Training Center, the preparation for the Regional Training on Quality Improvement, to take place in July, and continuation of the Healthy Communities Grants Program and regional information dissemination efforts.

### **SUMMARY OF ACTIVITIES**

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#### **Population Involvement**

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##### ***Information Dissemination***

During the first half of 2004, the ZdravPlus project continued to disseminate information in both hard copy and electronically, through e-mail and the ZdravPlus website, to local counterparts, USAID, and international audiences. During the reporting period, one issue of the newsletter 'Time to Be Healthy' was published, dedicated to the topic of healthy lifestyles. Additionally, the first issue of the Quality newsletter, primarily aimed at the Ferghana Oblast, was distributed in electronic copy in both Russian and English to partners throughout the region. Six Road to Results success stories were prepared highlighting IPC Training in Kazakhstan; The Mandatory Health Insurance Fund in Kyrgyzstan; Integration of STI Services into PHC in Two Pilot Sites in Kyrgyzstan; Rollout of Rural PHC Reform in Uzbekistan; Institutionalization of Training into the Medical Institute Curriculum in Uzbekistan; and Quality Improvement Projects in Ferghana Oblast. Russian translations of these documents are expected to be complete in July. Additionally, several trip reports were completed, added to the ZdravPlus electronic library, and distributed, including: Review of Progress in Quality Improvement Activities under ZdravPlus and World-Bank funded Health Project in Kyrgyzstan; Essential Newborn Care and Breastfeeding Training Course in Yozyovon, Ferghana Oblast; and Ferghana Oblast Nurses' Training Project.

##### ***Healthy Communities Grants Program***

Through this joint Counterpart International-ZdravPlus small grants program, a total of 53 grants were awarded in Round Three of the program, in Kazakhstan (15), Kyrgyzstan (25), and Uzbekistan (13). (Tajikistan will award grants in the Third Round only in July.)

Several administrative changes have taken place in HCGP: a concept paper stage was added to the grant program, so that applicants submit concept papers and those whose concept papers are selected are then invited to submit full project proposals. Additionally, more responsibility has been delegated to the Civil Society Support Centers, which have, in varying degrees in the different countries, began to take responsibility for review of concept papers and/or review of grant applications themselves.

This was a pilot process, and the Civil Society Support Centers will gradually be given increased responsibility in this process over the remainder of the program.

During the reporting period, ZdravPlus paid significant attention to applying lessons learned from the first two rounds of the grant program and improving the effectiveness of technical assistance for grantees in the Third Round. These improvements took different forms in different countries, but an underlying theme was the importance of bringing community groups and NGOs together to exchange information, build networks, and learn from one another. Towards this end, the Uzbekistan team introduced an interactive training course on community health and training techniques for adult audiences for all grantees. In Kyrgyzstan, grantees in the third round will be brought together in three groups, based on geographic location, for training on interpersonal communication skills (IPCS) tailored to working with the population, and a seminar on rights and responsibilities related to health care. In Kazakhstan, several grantees working with the disabled from around the country will have the opportunity to visit the Demeu FGP in Astana, along with a ZdravPlus population involvement specialist, to see how social activities for the disabled are being integrated into family medicine facilities and to discuss their activities with one another. Additionally, tailored technical assistance, such as topic-specific trainings, advice on identification of key messages, pointers on working with the population, and provision of health promotion materials for distribution is continuing.

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## **Quality Improvement**

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### ***Regional Conference on Quality Improvement***

The First Central Asia Conference on Quality Improvement in Health Care took place June 29-30 in Tashkent, Uzbekistan. More than the planned 120 participants attended from Kazakhstan, Kyrgyzstan, Tajikistan, and Uzbekistan. The US Ambassador to Uzbekistan, Jon Purnell, and the Minister of Health made opening speeches and Prof. Isuf Kalo, Quality Advisor at WHO/Europe, was the special guest and keynote speaker—attesting to the importance of the event.

The goal of the conference was to promote a regional effort to address quality of care issues through exchange of information on ongoing quality improvement activities. It addressed six key themes: EBM, the results of QI Pilot Projects, patients' rights and responsibilities, patient safety issues, QI policies, and barriers to improvement. In general, the event was a great success and there was consensus that it would be useful to have an annual conference on QI. Specifically, it was clear that the seeds of support for EBM have been planted among some senior officials in the region; personnel involved in QI at pilot sites appreciated learning about the results of other pilots and drew encouragement for their efforts; considerable interest was expressed in developing national QI policies; and a number of important barriers to QI were identified.

The Conference was organized jointly by the ZdravPlus Project, Tashkent Medical Institute II (TASHMI-II) School of Public Health, the Tashkent Institute for Advanced Medical Education (TIAME), WHO (Uzbekistan office and European Regional Office) and the Ministry of Health in Uzbekistan.

### ***Regional Training Course on Quality Improvement***

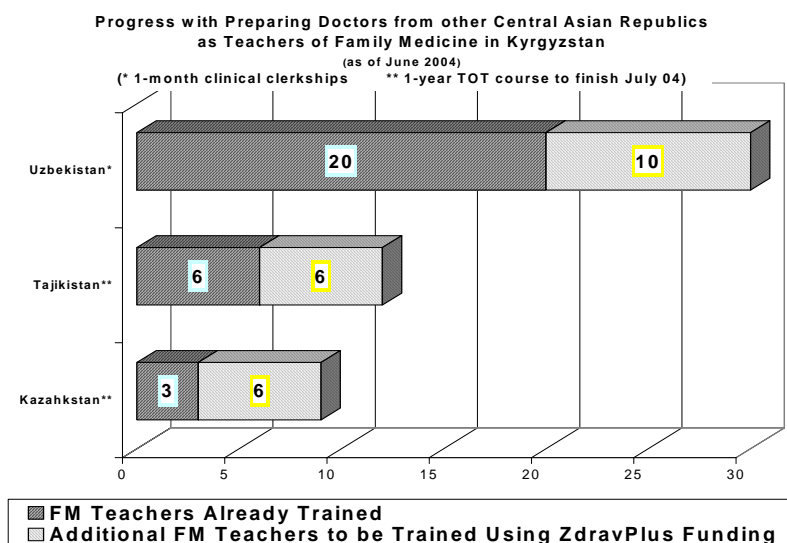
Over the past six months, progress has been made in organizing a regional training course in Quality Improvement—a key activity to institutionalize the training of future health managers and senior decision-makers in quality improvement. The plan is to develop a two-week competency-based training module, to train trainers and then support their first training. Six training institutions wishing to have teachers trained in QI have been identified in Kazakhstan, Kyrgyzstan and Uzbekistan: the Almaty School of Public Health; the management department of the Almaty Medical University; the Kyrgyz State Medical Institute on Retraining and Continuous Medical Education (KSMIRCME); the Kyrgyz State Medical Academy (KSMA); the department of health economics, management and organization of services at the Uzbekistan Postgraduate Institute (TIAME); and the Public Health department of TASHMI II.

Over the past six months, Jolee Reinke, an international consultant and QI trainer, conducted a training needs assessment during a three-day workshop with the representatives of the six training institutions. By the end of her mission, the outline and content of the course were defined. The training material for the course has been finalized, along with a complete draft of the reference manual on quality improvement. The course has been approved for co-funding by the Academy for Educational Development (AED)-Strategic Technical Assistance for Results through Training (START) project, and the 18 trainers have confirmed their participation. The three-week course will happen in Issyk-Kul Oblast, Kyrgyzstan, under the management of six international trainers, from July 12 to 31.

This is the first course of this type in the region, and it will allow the institutionalization of training in QI in three training institutions, while building the capacities of trainers who can be used as consultants to replicate and spread QI activities across oblasts.

### ***Training of Trainers Program at the Bishkek Family Medicine Training Center***

In July, the Family Medicine (FM) training of trainers program at the Bishkek Family Medicine Training Center (FMTC) will graduate its last year-long class of FM trainers from Tajikistan (six) and Kazakhstan (six). In addition, FM trainers from Uzbekistan continue to come for one-month FM clinical clerkships. These clinical clerkships will be continued through the end of the ZdravPlus project. Starting in the fall, the year-long TOT program will gradually be converted into more flexible modules that can be used for continuing medical education (CME) initially for teachers of FM, but ultimately for FGP doctors.



### ***Council of Rectors***

In February, the Council of Rectors took part in the initial planning meeting for the Regional Medical Education Partnership (RMEP). The main results of the meeting were the development of a plan of cooperation between COR and RMEP and the delineation of COR and RMEP responsibilities. Key issues, to be further addressed by COR and RMEP were determined, including:

- Regional issues: Content and delivery of medical education programs consistent with international standards; Admission standards and quotas; Standardized qualifications of graduates and standardized testing of qualifications; Institutional accreditation standards and consequences for non-compliance of required standards; Sufficient patient base for clinical training; Stable funding for medical education.
- Institutional: Faculty development, including pedagogical skills; Administrative infrastructure; Student skills and motivation; Access to current medical and scientific information; Evaluation of students and faculty.

Following the meeting, collection of data to be used for the COR database was completed, including information from the MOHs on medical schools in the CAR countries and information from medical schools in CAR about their educational process including curriculum. Additionally, work was begun on developing an accreditation process, including becoming familiar with international standards, mock accreditation sites, discussion on opportunities for regional accreditation development in CAR countries, including in CAR medical schools. Work was also begun on development of research capability in CAR medical schools and modern research activity on health in region

Next steps include a COR members meeting on accreditation development, scheduled in June 2005. TARFs have already been approved by AED for both of these events.

### ***Nursing Council***

In April, the Nursing Council held executive committee meeting in Almaty. Representatives from Kazakhstan, Kyrgyzstan, Uzbekistan, and Tajikistan attended the event. The main goal of the meeting was to exchange updated information on the state of nursing education in each of the countries and to further plan the activity of the council, including the Regional Nursing Conference, which would take place in Bishkek in June.

#### **Regional Nursing Conference**

From June 21-23 the annual CAR regional nursing conference entitled “Building of Professional Nursing: Celebrating the Past and Creating a Future,” sponsored by USAID, American International Health Alliance (AIHA), and Academy for Education and Development (AED), took place in Bishkek. It was a jubilee conference as the Nursing Coordination Council (NCC), whose activities have been sponsored by ZdravPlus since 2001, celebrated its fifth anniversary. Among the participants were professors and experts in the field of curriculum development, training, licensing, and accreditation of nurses from the University of Minnesota and STLI, as well as leading CAR experts in nursing, representatives from the Ministries of Health and Education, and representatives from Nursing Associations and Nursing Colleges.

The conference recognized the contribution of the NCC into the development of reforms in nursing and nursing education and achievements in each country. There are now active national and regional Nursing Associations in the CAR countries, and nursing care hospitals throughout the region. Among other the many accomplishments all over the region; in Kyrgyzstan Family Nurse has become a new specialty and the Almaty Nursing College in Kazakhstan has succeeded in developing a multi-level system of nursing education: 1. Nursing assistant - 1 year of education; 2. Basic nursing education (nurse general practitioner) - 3 years (2 years after first level); 3. Bachelor degree - 4 years (1 year after basic education); 4. Masters degree in nursing; and 5. Doctorate in nursing. The last two levels, however, are still in the process of development.

A new chairperson and a deputy chairperson of the NCC were elected. Professor Chubakov, Rector of the Kyrgyz Postgraduate Institute of Training and Retraining of Medical Workers who had chaired the Council for the last two years stepped down and R. Salikhojaeva, Chief Nursing Specialist of the Ministry of Health of Uzbekistan, will be the new chairperson of the NCC for the coming period.

Future activities of the NCC include: fostering cooperation in the field of nursing education in the CAR countries using a partnership with Minnesota University, promotion of innovative methods of teaching and introduction of distance learning, development of registration procedures and qualification examination rules, development of the basis for undergraduate and graduate nursing education, and promotion of PHC research in the field of nursing.

The participants of the conference stated that people showed a better understanding and support of new ideas and that the results achieved really encouraged them to continue their work in the field of nursing.

### ***Eurasian Network of Drug Information Centers Conference***

ZdravPlus helped to organize and then provided technical assistance to the Second Conference of Eurasian Network of Drug Information Centers (EDIN) held from the 21-25 of June in Almaty. Participants came from Kazakhstan, Kyrgyzstan, Uzbekistan, Tajikistan, and Mongolia, representing Drug Information Centers (DIC) in those countries. Within the framework of this event an important workshop, based on new Health Action International (HAI) and World Health Organization (WHO) methodologies, “Drug Pricing: A New Approach to Measurement” took place. Measuring drug prices will be a main direction of the EDIN and in recognition of its importance and the role DICs can play in this HAI and WHO will allocate funds to every DIC for a Drug Pricing Survey. The DIC of Kyrgyzstan was selected by others as coordinator of EDIN and WHO has decided to allocate separate funds to support that organization. Currently documents are being prepared for the DICs to gain them membership to the International Network for Rational Use of Drugs (INRUD) and HAI.

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### **Improving Resource Use**

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#### ***Regional Health Finance Conference***

On May 12-14, ZdravPlus, jointly with the Academy for Educational Development/ Strategic Technical Assistance for Results through Training (AED/START), conducted a regional conference on the Health Finance Experience of Kyrgyzstan. There were participants from four Central Asian countries: Kazakhstan, Uzbekistan, Tajikistan, and Kyrgyzstan, representing finance departments of the Ministries of Health, Health Departments of the Ministries of Finance, Oblast Finance Departments, and the Mandatory Health Insurance Fund. The participants learned about all of the elements of the single payer system. During the conference, there was a considerable amount of feedback from the audience regarding different aspects of health finance on the both the national and local levels.

## KYRGYZSTAN

### Six-Month Report

### January – June 2004

#### COUNTRY SUMMARY

As discussed in numerous previous reports, the Kyrgyzstan health reforms are unmatched in their scope and results in the former Soviet Union excepting the Baltic Republics. The broad scope and comprehensiveness of health reform has extended its impact well beyond the health sector and resulted in sweeping changes in the way the government delivers services to the population. The overall governance in Kyrgyzstan remains the major health reform story of the last six months with regards to *Resource Use* and *Legal and Policy* developments. While the political situation has stabilized and health reforms continue to move forward, issues do remain.

The main current issue is the funding of the overall health budget by the Ministry of Finance (MOF). Over the last couple of years, budget funding has been consistently reduced. Although it is impossible to completely understand the rationale, probable factors include the continuing poor economic situation in Kyrgyzstan, the perception that formalized population co-payments are new money, the increased transparency of the health system, and the lack of reform in other sectors such as education resulting in the health reforms being punished for their success by reductions in the budget. Over the last six months, ZdravPlus collaborated with other donors, particularly the World Bank, to engage in policy dialogue with the MOF, government, and President's Administration to address the problem. The situation with the budget will not be clearer until the fall, but there are some encouraging signs including a special Presidential Administration collegium on health reform emphasizing the priority of increasing health funding. In addition, the Parliament Commission which had been particularly negative toward the reforms issued a finding of neutral (neither satisfactory nor unsatisfactory) relieving political pressure for the moment. It remains unclear why the Parliament is one of the greatest opponents of the health reforms when surveys show that the population supports these changes.

In *Population Involvement*, activities have begun to evolve in new directions over the past six months. While ZdravPlus health promotion staff are continuing to support ZdravPlus' core health promotion indicators on family planning and child health in pilot sites, two new directions have been added. One is to work with the Republican AIDS Center, and particularly its Issyk-Kul branch, on HIV-AIDS and STIs. The rationale behind this is that the Global Fund has contributed substantial resources to the Republican AIDS Center for a variety of HIV-AIDS related activities, including health promotion, but it needs to draw on the Republican Health Promotion Center (RHPC)—where ZdravPlus' Health Promotion Specialist spearheads health promotion on communicable diseases—for expertise. The second new direction is in working with communities and small NGOs to help them define their needs in the health arena and develop program ideas for submission to the growing number of small grants programs. The need for such support has arisen because the grant programs have received large numbers of applications, most of them too poorly conceived to be seriously considered. ZdravPlus is partnering with oblast Health Promotion Centers (HPCs) to help them work with communities.

There was much organizational work on HIV-AIDS and activities got off to a good start with a series of workshops for health workers in Issyk-Kul Oblast (IKO) on HIV-AIDS and STI prevention and effective communication skills for more effective population outreach. There was also a successful sports event for young people in Issyk-Kul called "Say No to AIDS."

The Healthy Communities Grants Program made a new round of 25 grants to NGOs and community action groups in all oblasts of the country. This program as well as small grants programs run by other donors will receive a boost from ZdravPlus' new initiative, requested by the RHPC, to assist communities in identifying their priorities in health and preparing grant proposals.

Meanwhile, in ZdravPlus' more traditional domain, a campaign was conducted on acute respiratory infections. And the results of the 2003 KAP survey were received showing significant improvement on a number of key indicators related to child health and reproductive health—but also some disappointing results.

Probably the most significant development in the *Quality Improvement* component of the project was the gathering momentum on evidence-based medicine (EBM). The key event was a successful EBM seminar conducted by the World Health Organization/Europe (WHO/Euro) and ZdravPlus for health leaders and policy makers in February, with participation by representatives from WHO/Euro, the Moscow Medical Academy, Moscow EBM center and the Russian branch of the Cochrane Library. The response was overwhelmingly positive and, since then, there has been a surge in demand from doctors, researchers, and faculty members to learn EBM tools. Since then, three further workshops on EBM have been organized and ZdravPlus has signed agreements with four professional associations (Internal Medicine, Obstetrics and Gynecology, Pediatrics, and Surgery) to develop evidence-based guidelines. And the establishment of an EBM Center, with funding from the World Bank, has gained momentum—although it still awaits completion of some renovation work.

In Family Medicine (FM), the project's final training of trainers (TOT) at the Bishkek Family Medicine Training Center (FMTC) neared completion. Six FM trainers from Tajikistan and six from Kazakhstan will graduate in July. In addition, FM trainers from Uzbekistan continue to come for one-month clinical clerkships. Retraining of FGP doctors is proceeding apace, with 314 doctors continuing their study cycles, primarily in the South. When these doctors finish at the close of the ZdravPlus project, a total of 2,529 FGP doctors will have finished the four-month retraining course, which first began in 1998. At that point, only about 100 doctors working in FGPs will still lack FGP retraining.

The emphasis is now shifting to Continuing Medical Education (CME). Since January, with help from the Family Group Practice Association (FGPA) and the World Bank (WB), CME was expanded to reach about 900 FGP doctors and about 1,500 FGP nurses in pilot rayons in all oblasts. In addition, ZdravPlus has partnered with Pactec, an Almaty NGO, on distance education. Initial pilot courses for CME on hypertension, otitis, pre-eclampsia, and TB-DOTS (for nurses) have been created. The FGP-level Quality Improvement System (QIS), which is linked to CME, is currently being rolled out to all oblasts in stages. ZdravPlus, the Kyrgyz State Medical Institute on Retraining and Continuous Medical Education (KSIRCME), and the Swiss Red Cross have been piloting a method for expanding the QIS at the rayon level in Jumgal Rayon of Naryn Oblast.

The Family Medicine Retraining Program (FMRP) residency program continues, but with only 18 first year residents. A fourth class of FM residents will be chosen in July. Hopefully, the number of applicants will increase. The coordinating committee for the FMRP has agreed with the Ministry of Health (MOH) to expand the FM residency program to Osh, starting in September, with 20 residents. The Osh FMTC will be the clinical base for outpatient training. Both the Kyrgyz State Medical Academy (KSMA) and Kyrgyz State Medical Institute (KSMI) will provide trainers for inpatient rotations.

The new FM clinical training site in the Fujika Clinic near Family Medicine Center #1 in Bishkek opened its doors in February. The new facility has improved the residents' access to patients and the facility works well for teaching.

In FM nursing, the sixth TOT class will be completed in mid-July, graduating 15 teachers from Kyrgyzstan, Kazakhstan, Tajikistan and Uzbekistan. This will bring the total number of graduates of this program to 82, with 65 from Kyrgyzstan and 17 from other Central Asian countries. The FGP nurse retraining program has continued and 2,850 FGP nurses have been retrained using a 365-hour curriculum that is taught over a two-month period.

Continuing Nursing Education (CNE) for FGP nurses, which started in two oblasts last fall, has since started in all other oblasts. These CNE conferences have focused on topics identified through CQI,

either because they were requested by the nurses or because faculty considered it important to cover those topics.

The nurse training program continues to produce important new nursing materials. *Fundamentals of Nursing* has proved enormously popular and a second volume, *Medical-Surgical Nursing*, is ready for production and discussions about copyright are in progress. The World Bank has requested an additional 350-page manual for FGP nurses and the nursing faculty is working on this task.

In reproductive health, there is growing momentum to revive work on Safe Motherhood and help the MOH and the President's Administration develop a Maternal and Child Health (MCH) strategy or program to improve these services in the context of the reformed health system. ZdravPlus' successful pilot project to train midwives to provide family planning services, including IUDs, is gaining momentum, with replications in two other rayons in Jalalabad and Naryn Oblasts.

The MOH's plans to expand Syndromic Case Management of STIs nationwide, based on the experience of two ZdravPlus pilots, gained momentum with three workshops for FGP doctors on the syndromic approach, with additional sessions for FMTC trainers.

## SUMMARY OF ACTIVITIES

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### Population Involvement

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In the past six months, at the request of the director of the Republican Health Promotion Center (HPC), and after consultation with USAID, health promotion activities began to evolve in new directions. ZdravPlus health promotion staff continue to support ZdravPlus' core health promotion indicators on family planning and child health in pilot sites, but two new directions have been added.

- One new direction is to work with the Republican AIDS Center, and particularly its Issyk-Kul branch, on HIV-AIDS and STIs. The rationale behind this is that the Global Fund has contributed substantial resources to the Republican AIDS Center for a variety of HIV-AIDS related activities, including health promotion, but it needs to draw on the RHPC for expertise—where ZdravPlus' Health Promotion Specialist spearheads health promotion on communicable diseases.
- The second new direction is to work with communities and small NGOs, to help them define their needs in the health arena and develop program ideas for submission to the growing number of small grants programs. The need for such support has arisen because the grant programs have received large numbers of applications, most of them too poorly conceived to be seriously considered. ZdravPlus is partnering with oblast Health Promotion Centers (HPCs) to help them work with communities. (Since this activity is more closely related to empowering the population than to health promotion, it will be reported in that section of the report)

### Health Promotion

#### HIV/AIDS and STIs

Work on HIV-AIDS and STIs started with many meetings with the Republican AIDS Center, donors and others to define a plan and divide up responsibilities. ZdravPlus agreed to focus on IKO and conducted a working group meeting on the development of an action plan on the prevention of HIV/AIDS and STIs in the oblast. The Director of the Health Promotion Center, Director of the FGPA, Coordinator on Informational Education Campaigns of the AIDS Center, and Coordinator of the Healthy Schools program of the RHPC participated in the meeting. The meeting resulted in a draft plan for HIV/AIDS and STI campaign activities in IKO, where ZdravPlus assumed primary responsibility for working with FGPs to get them involved in public education on this topic. The meeting also received excellent coverage in local mass media.

Subsequently, ZdravPlus conducted eight workshops for a total of 165 health workers around IKO. These workshops centered on HIV-AIDS and STI prevention and communications skills. Two workshops were fully funded by ZdravPlus, while four others were co-financed by ZdravPlus and the World Bank project and two were financed by UNFPA.

One of the strategies adopted to reach young people with HIV-AIDS messages was to link sports and health education and the first of these events was a “Say No to AIDS” sport event in Issyk-Kul, involving about 150 teenagers. The event was organized by the IKO Sports Committee, the Issyk-Kul Health Promotion Center, and ZdravPlus and included distribution of educational materials on HIV/AIDS and STIs.

#### Acute Respiratory Infection (ARI) Campaign

In January/February, ZdravPlus conducted a health promotion campaign on ARI prevention in Dzety-Oguz Rayon of Issyk-Kul Oblast, Bazar-Korgon Rayon of Jalal-Abad Oblast, and Djail Rayon of Chui Oblast. FGPs issued bulletins, conducted community education and distributed informational materials among the population, including posters and brochures. Doctors explained how to prevent ARIs, talked about the signs and symptoms of illness, what to do if a child has a cough or a cold and the danger signs when a child should be taken to a health facility immediately. To motivate health workers to participate in the campaign, a contest was held for the most active FGPs, with prizes for the winners.

#### Other Activities

In an effort to institutionalize Interpersonal Communication Skills (IPCS) training, ZdravPlus worked with the Academy for Educational Development (AED) to conduct an eight-day TOT on IPCS for 17 trainers from the Post Graduate Medical Institute in Bishkek. Participants’ knowledge increased from 57 percent before the training to 92 percent afterwards and all participants received their certification at the end.

#### 2003 Knowledge Attitudes and Practices (KAP) Survey

The results of the annual Knowledge Attitudes and Practices (KAP) survey, conducted in December 2003, were received in February. The survey was carried out by the research company SIAR in urban and rural areas of Issyk-Kul, Jalal-Abad, and Talas Oblasts, with a sample size of 300 (100 per oblast.) The survey provides a measure of the results of health promotion activities between 2001 and 2003—although the small sample size is a serious limitation—and helps design future health promotion activities. A few key results for Issyk-Kul and Jalalabad Oblasts (pilot sites) are outlined below.

- There was increased knowledge that a child with diarrhea should get more fluids than usual, as compared to 2001. In IKO, the percentage of the population knowing this rose from 55 in 2001, to 60 percent in 2002 and dropped slightly to 58 percent in 2003; in Jalalabad, the percentages went from 37 in 2001 to 67 percent in 2002 and 63 percent in 2003. Knowledge that a child with diarrhea should get the same amount of food as usual hardly changed.
- Public knowledge of the danger signs when a child should be taken to a health worker immediately improved on a number of key signs in Jalalabad (percentages):

	<u>2001</u>	<u>2002</u>	<u>2003</u>
Repeated vomiting	23	49	69
Diarrhea with blood in the stool	18	18	38
Cough or cold with rapid breathing	32	9	42
Unable to drink	10	9	14
Breastfeeding poorly or not B/F	12	16	45

Continues to get sicker	2	0	4
High temperature	86	85	80

It was disappointingly low in Issyk-Kul and actually declined since 2001 for many danger signs (although this could reflect small sample size).

- With respect to family planning, there was improvement relative to 2001 in public understanding that the decision about using contraception belongs to the couple, rather than to a health worker or other family members. The percentage of the population reporting that it was a couple's decision went from 58 percent in 2001, to 55 percent in 2002 and 78 percent in 2003 in IKO; and from 54 percent to 48 percent to 65 percent in Jalalabad.
- Progress was slow on recognition of the safety of hormonal methods of contraception and remained very low overall. In IKO, four percent of the population in 2002 said they thought injectables were safe to use and this went to nine percent in 2002 and five percent in 2003; in Jalalabad, the percentages went from 10 percent to 17 percent and 16 percent. With respect to the safety of oral contraceptives over the same time period, the percentages went from six percent to 22 percent and eight percent in IKO; and from 15 percent to 10 percent and 41 percent in Jalalabad.

### ***Empowering the Population***

#### **Healthy Communities Grants Program**

ZdravPlus, Soros Foundation Kyrgyzstan, and Counterpart International (CI) collaborated in the preparations for the third grant round. In total, 504 concept papers were received from all over Kyrgyzstan. After preliminary reviews at the oblast level, in May, the National Grant Committee selected 25 projects for funding. These included sixteen community action grants, addressing topics such as clean water, repair of a feldsher/midwife point, repair and provision of clean water in a TB hospital in a prison, repair of a bath house in a woman's prison, and construction of a public bath house. The nine health grants address prevention of brucellosis, prevention of alcohol abuse and smoking among adolescents, healthy life styles, patients' rights and co-payments, education of patients on self care, tobacco control, and a hypertension support group. The division of grants among oblasts is as follows: Issyk-Kul two, Naryn two, Bishkek/Chui six, Osh one, Nookat Rayon three, Jalalabad seven, Batken one, Talas three.

Additionally, the fourth grant round was announced and grants will be awarded in late summer.

#### **Community Development**

Much of the last six months were devoted to planning the new community development activities. ZdravPlus' Health Promotion Specialist was fortunate to be able to participate in a CI TOT on Positive Assessment of Community Needs in Osh in May, which builds on the Participatory Community Appraisal (PCA) but focuses on communities' accomplishments, rather than their problems.

In June, the first major activity was conducted in collaboration with Counterpart Sheriktesh and AED. Twenty participants from the RHPC and oblast HPCs learned about PCA and Proposal Writing, laying the foundation for them to help communities conduct their own assessments and write proposals. Further training is planned for the fall.

ZdravPlus staff also participated in the grant review process for the DFID small grants program.

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### **Quality Improvement**

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The Quality Improvement Component encompasses a variety of related activities, including medical education related to the training of FGP doctors and nurses in family medicine, a special focus on

reproductive health and infectious diseases, accreditation of health facilities, Evidence-Based Medicine, and linking the Government's many Quality Improvement (QI) activities into a comprehensive National Quality Improvement Strategy.

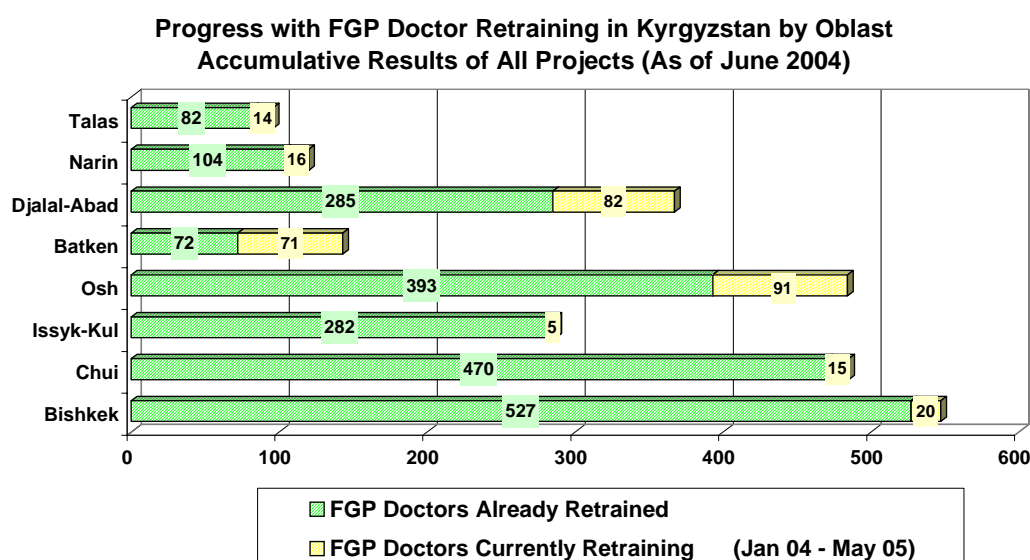
### ***Family Medicine Physicians' Education and Training***

#### Training of Trainers Program

Training of Teachers of Family Medicine continues, with 20 of the 30 total expected to be trained from Uzbekistan via 1-month clinical clerkships already trained; and six of the expected total twelve from Tajikistan and three out of nine from Kazakhstan set to complete the 1-year TOT in July 2004. (See regional section for more details.)

#### Family Group Practice (FGP) Retraining

FGP retraining is continuing according to the original World Bank II Project plan, with 314 FGP doctors continuing their study cycles (primarily in the South). When these doctors finish at the close of the ZdravPlus project, a total of 2,529 FGP doctors will have finished the four-month retraining course, which first began in 1998. At that point, only about 100 doctors working in FGPs will still lack FGP retraining. USAID's main contributions toward this accomplishment have been to provide coordination and to develop and maintain the national network of FM training centers (FMTC's), and to staff these centers with well-trained FM trainers.



#### Continuing Medical Education (CME)

As the initial retraining process for FGP doctors is nearing completion, ZdravPlus and the Kyrgyz State medical Institute on Retraining and Continuous Medical Education (KSMIRCME) are placing increasing emphasis on the implementation of an effective and sustainable CME system for these doctors. In 2002-3, they developed and tested a new CME model for FGP doctors and nurses in IKO. Since January, with help from the Family Group Practice Association (FGPA) and the World Bank, the system was expanded to include a total of about 900 FGP doctors and about 1,500 FGP nurses in pilot rayons in all oblasts.

The new CME system provides frequent and convenient access to up-to-date information about medical issues pertinent to primary care providers. Each FGP doctor attends a 5-day CME seminar in their region once a year. In addition, the FMTC trainers try to visit each FGP doctor once a year on-site to encourage them and to provide individualized education in the form of on-site workshops and individual study materials.

The current plan is to expand CME to all Kyrgyz FGP doctors and nurses over the next several years with the help of upcoming USAID and World Bank projects. The goal will be to create a sustainable, convenient, high quality CME system that can help the nation's primary care doctors to continually upgrade and expand their skills. If successful, this model can also be used in CME for specialists.

ZdravPlus, the Scientific Technology and Linguistics Institute (STLI) and KSMIRCME anticipate that low-tech computer-based distance education (CBDE) will eventually be one of the most economical and effective means of providing CME. This spring, they partnered with Pactec, an NGO from Almaty, to receive training in how to create CBDE courses. Together, they have almost finished creating initial pilot courses on hypertension, otitis, pre-eclampsia, and TB-DOTS (for nurses). They plan to initially develop a CBDE system to provide CME to FM trainers throughout Kyrgyzstan, and then in surrounding countries. By the time FGP doctors and nurses in Kyrgyzstan obtain consistent access to computers, the KSMIRCME should have enough experience and CBDE resources to allow them to provide much of the CME for FGP doctors and nurses electronically.

Several of the FM trainers from each of the oblast-level FMTCs also received further training in Evidence-based medicine and sexually transmitted infections from David Burns and Natalia Kanovalova in separate seminars which took place in May and June.

#### Continuous Quality Improvement (CQI)

The FGP-level Quality Improvement System (QIS) was initially piloted in IKO and is currently being rolled out to all the oblasts in stages. The table below summarizes the target areas for new CQI pilots throughout the country.

**Proposed Pilot Areas for the Expansion of FGP-Level CQI**

	Bishkek	Chui	Batken	Djalal-Abad	Issyk-kul	Narin	Osh	Talas
<b>Pilot Rayons or FMCs</b>	FMC 1 (FGP 1 & 2) FMC 7 (FGPs 3 & 6)	Chui, Sukaluk, Tokmok	Kadamjay, Kyzyl-Kiya, Leyliak, Batken	Bazar-kurgan, Suzak, Djalal-abad City	All	All	Naukat, Aravan, Osh City	All
<b># of FGPs</b>	4	4	4	4	Most	20*	4	5

*\*Includes all the FGPs in Jumgal Rayon (joint project with the Swiss Red Cross to link CQI and Village Health Committees).*

ZdravPlus, KSIRCME, and the Swiss Red Cross have been piloting a method for expanding the QIS at the rayon level. In the Jumgal Rayon of Naryn Oblast, they have trained two FGP doctors to be rayon-level CQI coordinators. With mentoring from the oblast-level FM trainers, these new CQI coordinators are helping to establish the QIS in every FGP in that rayon. Two staff from each FGP received QIS "curator" training for five days in Naryn from the FMTC FM trainers. The CQI coordinators are now visiting each of these FGPs to help the curators initiate QIS. If this approach is successful, it will be used to expand QIS to other rayons, probably starting in Talas Oblast in 2005.

#### Family Medicine Residency Training (FMRT)

In July, the National FM Residency Program will graduate its second class of 42 FM doctors. These doctors are currently doing their final exams, which include a written portion and objective structured clinical examinations (OSCEs).

The coordinating committee for the FMRT has agreed with the MOH to expand the FM residency to Osh, starting in September with 20 residents. The Osh FMTC will be the clinical base for outpatient training. Both the KSMA and KSMI will provide trainers for inpatient rotations.

The new FM clinical training site in the Fujika Clinic near Family Medicine Center #1 in Bishkek has been up and running since February. The new facility has improved the residents' access to patients and the facility works well for teaching. The residents have been helping to cross-train a group of FGP doctors who serve the clinic's population of about 12,000. This is helping the FGP doctors to gradually make the difficult transition to seeing a truly mixed patient population, including patients

outside of their former specialties. Unfortunately, until just recently, the FGP doctors in Bishkek were not legally allowed to care for patients outside their former specialties. Since they did their retraining three to six years ago, it is now difficult for them to start practicing clinical family medicine. Fortunately in most of the other oblasts, this has not been nearly as much of a problem, and the FGP doctors there do care for mixed patient populations.

A fourth class of FM residents will be chosen in July. Hopefully, the number of applicants will increase compared to last year. Currently, only 18 first year residents are in the program. The MOH has committed to providing budgetary funding for up to 70 residents per year in Bishkek and 20 in Osh. The FMRP really only has a capacity for 50 residents per-year., but it is unlikely that 70 qualified medical school graduates will apply for first-year positions in Bishkek.

#### "Family Medicine Specialists" NGO

"Specialists in Family Medicine," an NGO which includes all the doctors and nurses in the FM faculty at KSMIRCME, has negotiated and completed several short-term training agreements. They hope to expand this role as a means of integrating the training aspects of various vertically designed health care projects into the national CME system. Ultimately, this NGO should help to sustain the FM department and to facilitate collaboration between the KSMIRCME and various health care agencies and donors.

### ***Family Medicine Nurses' Education and Training***

#### Training of Trainers Program

Training of the sixth one-year class of nursing teachers will be completed in mid-July. This class consists of 15 teachers: four from Kyrgyzstan, four from Kazakhstan, four from Tajikistan and three from Uzbekistan. This will bring the total number of graduates of this program to 82, with 65 from Kyrgyzstan and 17 from other Central Asian countries. With the end of ZdravPlus approaching, it is not anticipated that there will be another year-long class for nurse teachers this year. Instead, the faculty is developing shorter modules for faculty development (see section on Faculty Development)

#### Family Group Practice Nurse Retraining

As of June, 2,850 FGP nurses will have been retrained, using the program's 365-hour curriculum that is taught over a two-month period. The retraining is almost complete in Karakol and Talas; two oblasts will finish in March 2005; and the three remaining oblasts in May 2005. By that time, a total of 3,000 nurses should have been trained and only 1,098 will remain to be retrained. However, there will still be about 1,000 FGP nurses outside World Bank sites who will not have been retrained.

Monitoring of the nurses shows that they have good retention of theoretical knowledge, but they are often not permitted to perform many of the clinical and nursing administration tasks for which they were trained. Many nurses report, however, that their clinical skills are valuable when they work in home health settings and sometimes in the FMCs. This is an issue that needs to be further investigated and addressed.

#### Continuing Nursing Education

Continuing Education for FGP nurses began formally with two conferences in Karakol in the fall and has since started in all other oblasts. These conferences have focused on topics identified through CQI, either because they were requested by the nurses or because faculty considered it important to cover those topics. The topics chosen were goiter, hyper- and hypothyroidism, hypertension, respiratory diseases, diarrhea, and the skills of urinary catheterization, tracheostomy care, and injection techniques.

In addition to conducting the oblast level conferences, faculty from nursing affiliates have started to go to rayon centers to hold seminars for nurses during the breaks between cycles of FGP nurse retraining. They have also been responding to requests to teach courses in local medical *uchiliches* and are teaching small community groups, when time allows. Such teaching has been well received.

### Development of Nursing Literature

*Fundamentals of Nursing* has proved enormously popular and ZdravPlus has received many requests for copies, but is limited in its ability to respond because of copyright issues that limit its use to the ZdravPlus-assisted program and its graduates. A second volume, entitled *Medical-Surgical Nursing*, is ready for production and discussions about copyright are in progress.

The World Bank has requested an additional 350-page manual for FGP nurses and the nursing faculty is working on this task. The World Bank will pay for production of the manual.

### Faculty Development

The theme of the 2004 alumnae conference, attended by about 85 people, was evidence-based nursing (EBN)—a very new topic for participants—and it was enthusiastically received. The conference provided an introduction to EBN and research utilization, encouraging nurses to think critically about the care they provide to patients. Consideration is being given to providing further training in EBN, either through another conference or continuing nurse education.

The existing faculty of the nurse training programs continues to benefit from personal mentoring; continued pursuit of degrees in relevant fields, such as pedagogy or management by all faculty who do not currently hold such degrees; and self-study during preparation of lectures, presentations, and the production of nursing materials.

The Family Nursing Program is in the process of developing modules to be taught in four to twelve week segments for faculty development. Among the topics being developed are the fundamentals of nursing, pediatric nursing care, obstetrical care which includes women's health issues, infectious diseases, pre and postoperative care, leadership and management for nurses, and community home health nursing.

### Issues

A number of issues have emerged in recent months. First, some elements of the training of FGP nurses are being turned over to physicians who are teaching in other faculties of the Postgraduate Medical Education Institute, rather than beginning to involve nurses in teaching beyond the Family Medicine Nursing program. Second, the removal of Guljahan Pirnazarova as Dean of the Faculty of Family Medicine Nursing in March by the Academic Council of the Institute has lowered morale among faculty members and left a leadership vacuum. Her position is currently filled by a temporary appointee. It continues to be difficult to gain support for the concept of nurses in academic roles.

There is still a need for faculty to obtain advanced degrees in nursing, so they can develop and lead nursing forward. *Aspiranturas* have officially been underway for three years, but in reality they have not materialized, probably largely because there is no faculty with advanced degrees in nursing. A program for advanced degrees is probably best developed through a special program in partnership with a foreign university.

### ***Reproductive Health***

#### Safe Motherhood/Maternal and Child Health (MCH)

Maternal and child health issues, and particularly Safe Motherhood, have received considerable attention over the past six months. There is broad recognition among donors that implementation strategies to date leave much to be desired and there is renewed interest in revitalizing those efforts. USAID and ZdravPlus met with the head of the Gender, Women, and Family Commission in the President's Administration to discuss its plans. Shortly thereafter, the Deputy Minister of Health and the head of the Gender Commission asked donors to help develop a strategy/program to improve MCH services in the context of the reformed health system. In response, a donor coordination meeting was held in May, at which ZdravPlus presented suggestions for how to develop and implement a program, using a Quality Improvement approach. These suggestions were welcomed by the donors, with some modifications, and subsequently presented to the Deputy Minister. With his

resignation, the momentum has slowed, but interest remains strong on the part of the head of the Gender Commission and a strategy meeting at the President's Administration is set for July.

In preparation for ZdravPlus' own Safe Motherhood interventions, two WHO-trained trainers were sent to Karaganda to participate in a ZdravPlus course on outpatient prenatal care for FGP workers conducted by WHO consultants. The plan is for these people to help ZdravPlus and the MOH develop a prenatal course for Kyrgyzstan. Since then, an intensive round of meetings has been held with donors and Kyrgyz counterparts to begin planning for the implementation of Promoting Effective Perinatal Care (PEPC) in Kyrgyzstan.

#### Pilot Projects on IUD Insertion/Removal by Midwives

After the successful pilot project started in Bazar-Korgon Rayon (Jalalabad Oblast) in 2002 to train midwives in rural areas to provide family planning services, including IUD insertion and removal, the MOH asked for the project to be extended to Suzak Rayon (Jalalabad) and that project started in the summer of 2003. That project involves 25 midwives from FAPs in particularly remote areas where there are no doctors.

As in Bazar-Korgon, the safety of clients has been the major priority of the project in Suzak. The original strategy to address safety issues has been extended to the new rayon. Thus, midwives were not considered to be fully trained until they had demonstrated their competence in clinical practice during training. The trainers then visit the midwives at their work sites to monitor and reinforce their skills; and follow-up interviews were conducted to clients to ensure that they have not experienced any problems.

- The observation of midwives' skills was conducted three times, right after the training and on two subsequent occasions. The results were satisfactory. Most of skills, such as IUD insertion, IUD removal, DMPA, and oral contraceptive counseling were at a high level at the end of the training and, in many cases, improved over time. For example, general counseling skills increased from 83 percent, to 96 percent and 96.5 percent at the last monitoring visit; and clinical skills on IUD insertion rose from 83 to 95 percent and, at the last monitoring visit, 97 percent.
- In the client survey, 284 women were interviewed in two rounds. Overall, the midwives had done a relatively good job of counseling women about their contraceptive choices. 97 percent of the women said that the midwife had informed them about the pill, 94 percent about injectables, and 80 percent about condoms before they chose the IUD--and 89 percent of the women said that they themselves (not the midwife or anybody else) chose the method. 89 percent of the women said the midwife had also discussed the risks of having more than one partner. The midwives didn't do as good a job on informing women of the warning signs for IUD use, however. But of the few women who experienced side effects, most went back to the midwife for help and were satisfied with her follow-up care. Overall, 98 percent of the women were still using their IUDs and 99 percent of those interviewed would recommend their midwife to somebody else.

In collaboration with the Swiss Red Cross, ZdravPlus is introducing the same program in Ak-talaa Rayon in Naryn Oblast. Late last year, 13 midwives were trained in contraceptive technology, including clinical skills to provide IUD services. Additional instruments were purchased, to ensure that each midwife has a full IUD kit. And here, too, the follow-up protocol is being observed. The second round of follow-up visits to the midwives as well as the client interviews are proceeding.

#### Family Medicine Training for FGP Doctors and Nurses

The backbone of ZdravPlus' RH program remains the training of FGP doctors and nurses through the FMTCs. In the past six months, FMTCs provided contraceptive update training courses for 419 nurses from Bishkek city and from Chui, Jalalabad, Issyk-Kul, Naryn, Batken, Osh and Talas Oblasts. The average test scores of these nurses went from 67 percent before the training to 86 percent afterwards. There was no RH training of doctors, but these courses will resume in the fall.

### Donation of Contraceptives by USAID

Monitoring visits were conducted with the FGPA to ensure that the USAID-donated contraceptives had reached the FMCs and FGPs in Issyk-Kul and Jalal-Abad Oblasts for which they were intended.

### ***Infectious Diseases***

#### Sexually Transmitted Infections (STIs)

As part of its support to the MOH's plans to roll out Syndromic Case Management of STIs nationwide, ZdravPlus conducted three training workshops in May and June for FGP doctors with additional sessions for FMTC trainers. One workshop was held in Osh, for Osh, Jalal-Abad and Batken Oblasts; one in Bishkek for Talas and Chui Oblasts; and one in Karakol for Naryn and Issyk-Kul Oblasts. During the FMTC faculty TOT sessions, plans were developed for the future training of other FGP doctors in each oblast.

#### ***Medical Accreditation Committee (MAC)***

MAC has continued the accreditation of health facilities in the Kyrgyz Republic. Between 2002 and June 2004, it accredited 85 health facilities, including 34 hospitals, 33 Family Medicine Centers, six FGPs and two sanatorium-resort facilities.

The MAC has also created its own website: <http://www.mak.web.kg>.

In March, the MAC became an institutional member of the International Society on Quality.

#### ***Evidence-Based Medicine (EBM)***

There have been giant strides in the promotion of EBM in Kyrgyzstan in the last six months. The key event was a successful EBM seminar conducted by the World Health Organization/Europe (WHO/Euro) and ZdravPlus for health leaders and policy makers in February. Speeches were made by representatives from WHO/Euro, the Moscow Medical Academy, Moscow EBM center, and the Russian branch of the Cochrane Library. The purpose of the seminar was to sensitize health leaders to evidence-based approaches to clinical practice and to promote the introduction of EBM into educational institutions. The seminar was followed immediately by a four-day follow-up training for participants from the Medical Academy, Medical Postgraduate Institute, and professional associations involved in the development of clinical protocols and guidelines. There were many positive responses to the training and there is a surge in demand from doctors, researchers and faculty members to learn EBM tools. Since then, ZdravPlus has organized three further workshops on EBM. In addition, the theme of the 2004 nurse trainers alumnae conference, attended by about 85 people, was evidence-based nursing (EBN)—a very new topic for participants—and it was enthusiastically received.

Plans for the WB-funded Health Reform Project to establish an EBM Center under the Medical Academy are now firm, but renovation work is still needed before the Center can actually be established.

A key strategy for ZdravPlus is to introduce EBM among health leaders, professional associations, and educational institutions who are in a position to influence clinical practice nationwide. ZdravPlus has signed agreements with four professional associations (Internal Medicine, Obstetrics and Gynecology, Pediatrics, and Surgery) to collaborate on the development of clinical practice guidelines (CPG). It has begun to provide technical assistance, training, and limited hardware to the associations to develop guidelines on some of the most frequent conditions encountered in primary health care. Thus far, however, the associations' work has been progressing slowly.

#### ***National Quality Improvement Strategy***

The National QI Strategy is important because, while the reform process has helped to establish a number of key functions relevant to quality improvement, there is a need for a national strategy to integrate these activities into a common framework. The National QI Strategy provides such a

framework and also establishes a clear linkage between health financing reforms and improved health outcomes.

The development of the QI Strategy, however, has not moved forward as quickly as hoped, thus, over the past six months a different development process was adopted. This process centers on the development of a strategy comprised of the QI conceptual framework, the concept paper and the operational plans. This task was placed in the hands of a group of leaders, spearheaded by Deputy Minister Meimanaliev, and it was agreed to flesh out only a few strategies into concrete implementation plans. The future of this approach is now uncertain with the resignation of Deputy Meimanaliev.

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## **Improving Resource Use**

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### ***Single-Payer System***

The single-payer system includes all health financing and health delivery system structure activities under one umbrella including institutional structure, pooling funds, provider payment systems, clinical and financial information systems, salary payment, outpatient drug benefit, guaranteed benefit package, and formal population co-payments. Concerning institutional structure, over the last six months progress was made in establishing the single-payer structure in Bishkek and Osh Oblast, but the issue of health sector structure at the oblast level, including reintroducing oblast health departments remains unresolved. The system is being implemented nationally and geographic progress is summarized below.

#### **Issyk-Kul, Chui, Naryn, and Talas Oblasts**

With technical assistance from ZdravPlus/Socium Consult, the MOH Health Insurance Fund (HIF) monitored the implementation progress and results in Issyk-Kul, Chui, Naryn, and Talas Oblasts. The monitoring is approximately a week long process that looks intensively at all aspects of single-payer implementation including working with each facility to refine its restructuring plan, evaluate revenues and expenses, compare revenues with expenses, and assess the facility's risk. In addition, the team provided technical assistance to the health authorities in identifying and solving problems.

In Issyk-Kul, operations were proceeding well with two potential issues. First, the new Issyk-Kul Governor may not be a supporter of the reforms, particularly the critical pooling and single-payer institutional structure elements. National health reformers are planning to engage in dialogue with the new Governor over the next few months. Second, it appears that the Oblast Merged Hospital may need to continue restructuring to reduce expenses and match revenue.

In Chui Oblast, the implementation is proceeding well except for an issue remaining in Jaiyl Rayon which has two hospitals but the financial base and patient need only supports one – again, more restructuring is needed.

In Naryn Oblast, most facilities are performing well, although a few central rayon hospitals (CRHs) still have a high level of financial risk.

In Talas Oblast, the HIF and other health authorities are committed and capable. However, the lack of development provided by USAID in Issyk-Kul and Chui and the Swiss in Naryn shows at the facility level and those facilities are at risk due to poor economic conditions and lack of capacity.

#### **Jalal-Abad and Batken Oblasts**

Implementation is progressing well in Jalal-Abad Oblast. The Vice-Governor continues to be very active in coordinating the reforms with all stakeholders. The main issue in Jalal-Abad is the same as throughout South Kyrgyzstan – the lack of foundation building in the restructuring and strengthening of PHC, minimal hospital restructuring, and the health delivery system still has enormous excess capacity. The MOH/HIF developed an oblast-level restructuring plans as part of single-payer implementation, however, competing demands on time and resources within the national roll-out

process have made it difficult to perform the same rayon level planning process proven in North Kyrgyzstan with Rayon Akims committing their signature to the restructuring plan. It is planned that this process will occur over the next few months.

Implementation in Batken progresses well with no major changes and the main issue being the lack of both human and financial resources in the oblast.

#### Osh Oblast

Osh Oblast continues to gradually move forward. New provider payment systems are being implemented step-by-step. The compromise concerning the HIF institutional structure keeps the Osh Oblast and Osh City HIFs in one place and seems to be creating the necessary conditions for implementation.

#### Bishkek

Regulations were approved to initiate the single-payer system with eight out of 11 major republican institutions delivering health services now under the jurisdiction of the Bishkek HIF. Although republican monies still fund republican facilities and city monies still fund city facilities, republican and city funds are now pooled in one institution, the Bishkek HIF, and if restructuring or merging occurs across republican/city lines, it is now possible for the restructured facility to receive both republican and city funds from the Bishkek HIF. This regulation is sufficient for Phase I implementation to start the new financing system.

The eight republican facilities are now paid under new provider payment systems, in particular the case-based hospital payment system.

The remaining three republican institutes delivering health services are the dispensaries, Oncology, TB, and Psychology/Narcology. It was decided not to include these three institutes for now due to a number of difficult issues surrounding them ranging from political sensitivity to public health concerns.

#### Methodology

ZdravPlus/Socium Consult provided technical assistance in preparing the budget and regulations needed for single-payer implementation in 2004.

Regulations and other documents developed, reviewed and submitted to Ministry of Health for approval included refinements to regulations on accounting and use of assets received as co-payments from population, salary payment, provision of drugs under the Additional Drug Package, accounting and use of special assets, and renting of transport for ambulance service.

One of the objectives of the reform is restructuring in Bishkek and redistribution of savings to the oblasts to increase equity in geographic resource allocation. The agreed policy is to invest the budget from Bishkek into two funds for redistribution, a capital maintenance fund and a high technology fund. Over the last two months, work was initiated on development of the capital maintenance fund.

ZdravPlus provided technical assistance to the HIF to refine the PHC capitated rate payment system and case-based hospital payment system and the drug reimbursement system for the outpatient drug benefit.

#### Guaranteed Benefit Package, Co-payments, and Outpatient Drug Benefit

ZdravPlus/Socium Consult provided technical assistance to the development of the State Benefits Package and formal co-payments for 2004.

The South Manas Team branch provided seminars on co-payments and the state benefits package for medical staff.

Together with Territorial Departments of the HIF of Osh Oblast, a workshop was held for directors of drug stores and FMC directors for opening new drug stores with the goal of involving more people in the outpatient drug benefit.

### ***Health Information Systems***

ZdravPlus MIS specialists continued to provide technical assistance and training to the HIS Working Group and Health Information Center specialists on the development and implementation of HIS products.

Specific technical assistance was provided on ongoing refinement of the hospital database and outpatient drug benefit database.

ZdravPlus work with the Republican Health Information Center and HIF included:

- Revised reporting forms for the health sector with the National Statistical Committee;
- Drafted a yearly statistical bulletin titled, "Population Health and Health Facilities' Activity in the Kyrgyz Republic in 2003;"
- Developed statistical report forms for different specialized health facilities or departments such as diagnostic departments in FMCs;
- Conducted a training from March 1-27 in Jalal-Abad Oblast and from April 3-8 in Osh Oblast on international WHO-recommended live-birth criteria for health workers, statisticians, and experts from Health Insurance Funds; and
- Developed software on live-birth criteria monitoring for oblast-level medical information centers.

In Issyk-Kul and South Kyrgyzstan Oblasts, MIS specialists provided support to continued implementation and upgrading of the FGP HIS, enrollment software and procedures. In addition, they visited health facilities to maintain hardware and operate software.

### ***Human Resources***

As part of the ongoing collaboration with the DFID-funded Human Resources Project, ZdravPlus continued to provide technical assistance to the development of the human resources database. For example, a ZdravPlus human resources specialist conducted work on changing database structure during transfer to SQL Server.

During last six months the following documents were developed and approved by the Kyrgyz MOH for the human resources database:

- Reference of Leading Positions – Kyrgyz MOH Prikaz № 98 as of March 3, 2004;
- List and structure of reporting forms for all levels – Kyrgyz MOH Prikaz № 118 as of March 15, 2004; and
- Reference of personnel types codes, positions codes, specialties codes, and compliance list of positions codes to specialties codes - Kyrgyz MOH Prikaz № 117 as of March 15, 2004.

### ***Health Management***

ZdravPlus continued to provide support for the health management courses retraining health managers on the health reforms in general, the legal base, and specific interventions such as how to adapt to increased autonomy under the new provider payment systems and quality improvement. Over the last six months, the courses were adapted for the Sanitary and Epidemiological Service (SES) and training provided for some managers.

## ***Public Health***

Over the last six months, extensive technical assistance was provided to SES to analyze data and develop policy options related to changing financing for public health services including reinvestment of savings.

Developed materials include an analysis of the current SES structure and funding system, proposals for restructuring, and options for changing the funding and salary payment systems consistent with principles of work under the single-payer system.

The following drafts of regulatory documents were developed and submitted for review and comments to the SES, MOH, Ministry of Finance, and Ministry of Labor and Social Protection:

- Procedures of funding of SES entities under the Single Payer System;
- Instruction on the re-investment of saved budget funds;
- Procedures for salary payment of staff in SES facilities;
- Draft Decree of the Government of the Kyrgyz Republic “On Transfer of SES Facilities to Funding under the Single Payer;”
- Order of the MOH “On Transfer of SES Facilities to the New Funding System;” and
- Standards and Indicators of Funding the SES System for year 2004.

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## **Legal and Policy**

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### ***Policy Dialogue and Development***

ZdravPlus continued to participate in numerous working groups to engage in policy dialogue and policy development.

### ***Legal Framework***

Over the last six months, Parliament discussed approved an important law, the Law on Health Organizations, and discussed another important law, the Law on Health Protection. These two laws, together with the Single-Payer Law (approved), Amendments to the Law on Health Insurance (approved), and Law on Guaranteed Benefits Package (submitted to Parliament but not yet discussed), make up most of the permanent legal framework for the health reforms. The discussion within the Parliament was difficult as the Deputies wanted to revise or delete important provisions such as co-payments and requirements for head doctors to be accredited as health managers. However, following long debate, the Parliament approved the Law on Health Organizations and is expected to approve the Law on Health Protection soon. Parliament largely agreed to the initial draft laws and they are expected to be approved by June.

Over the past six months ZdravPlus legal experts participated in the development of numerous regulations, for example:

- A ZdravPlus lawyer along with other members of the Working Group prepared the ‘Professional Providers Code of Ethics’ which was approved by the Ministry of Health;
- The government regulation ‘On approval of the regulation on the Coordination Committee for Medical and Pharmacy Education;’
- The draft law of the MOH on creating a Chui Oblast State Sanitary Control Center by reorganizing and merging the Chui Oblast SES and Chui Rayon SES;
- Proposals on introducing changes and amendments into the ‘Regulation on the Attestation Order for Health Facilities Leadership of the Kyrgyz Republic,’ prepared for the Hospitals Association of the Kyrgyz Republic;

- A Draft Prikaz of the MOH ‘On the Council for Information and Communication Technologies under the MOH of the Kyrgyz Republic;’
- Draft documents on Health Promotion Services, Standard Regulations in Health Promotion Rooms, Job Responsibilities of Health Promotion Room Staff, and on the National Multi-Sectoral Coordination Committee for Health Promotion;
- A Draft Prikaz on ‘Establishment of the Coordination Council for Spare Parts Purchase and Medical Equipment Repairs;’
- A Draft Resolution of the KR Government on ‘Establishment of the National Pediatrics and Children Surgery Center under the MOH of the Kyrgyz Republic;’
- Proposals and remarks were prepared for the Draft Law of the Kyrgyz Republic on ‘Forensic Medical Examination;’
- Proposals were prepared for the Draft Regulation on the ‘Order and Conditions of Organs Donation and Transfer of Unclaimed Dead Bodies and Anatomic Material to the Higher Medical Universities and Health Organizations;’
- Draft Law of the Kyrgyz Republic ‘On introducing changes and amendments into the Law of the Kyrgyz Republic ‘On Oncological Care to the Population.’

### ***Public Relations***

During the last six months the press center under MOH continued to disseminate information on health reform to the population. In working with mass media and NGOs great importance was devoted to introduction of the State Benefits Program, new financing methods, and co-payments in health facilities of the Kyrgyz Republic. There were a series of TV programs devoted to the aforementioned topics on the national TV and radio. The press center was actively involved in round table discussions, conferences, and seminars, providing information to population on what is going on in the health sector. Among those, the most important were the seminars on co-payment in Jalal-Abad and Osh for health workers and NGOs, the Regional Conference on Health Finance Experience of Kyrgyzstan, and the EBM seminar. The press center is continuing to update the video archive on the major health care reform events. So far, it has 35 hours long chronometric film. The press center works with Mandatory Health Insurance Fund, Medical Accreditation Committee, and Republican Health Promotion Center. The press center is strengthening its collaboration with the Republican Health Promotion Center by delegating a worker to the RHPC. This person will be coordinating the public relations of the RHPC with the population. The press center continues to participate in population education campaigns. Thus, it has been involved in HIV/AIDS campaigns in Issyk-Kul Oblast.

The southern branch of the Health Reform Department of the MOH interviewed health workers from Osh Oblast Territorial Hospital to find out their attitudes toward the health reforms. Preliminary results show that 56 percent of respondents thought the reforms were positive, 25 percent viewed them as negative and 15 percent had no opinion. One third of the respondents thought the current model of the health system has a future, while 22 percent thought it did not—and 45 percent hoped for further changes. Among health workers in FGPs in Kara-Suu Rayon, Osh Oblast, 56 percent viewed the reforms as positive, 32 percent as negative and 12 percent had no opinion. Forty three percent thought the current model had a future, 15 percent thought not and 42 percent hoped for further changes.

### ***Policy Analysis, Monitoring and Evaluation, and Research***

ZdravPlus continued its close collaboration with the WHO/DFID Policy Analysis Project on Monitoring and Evaluation (M&E), policy analysis, and applied research.

ZdravPlus Central Asia staff and Boston University conducted an analysis of the Outpatient Drug Benefit database to meet the dual objectives of developing applied research capacity in the HIF and preparing a paper for the Pharmaceutical Conference in Thailand in March.

### ***World Bank Missions***

ZdravPlus continued its collaboration with the World Bank by participating in both the November Mid-Term Review Mission and the May Supervisory Mission, representatives included Bruno Bouchet for the Quality Component, George Purvis for the Health Delivery Systems Component, and Simon Smith for Health Information Systems. ZdravPlus worked with the World Bank and WHO to identify issues and develop strategies with regards to the Ministry of Finance (MOF) reducing the health budget. This is still in process and ZdravPlus continues to participate in efforts to execute the budget for 2004 and ensure adequate budget funding for 2005.

# KAZAKHSTAN

## Six-Month Report

### January – June 2004

## COUNTRY SUMMARY

### *Kazakhstan Health Reform Environment and ZdravPlus Strategy*

From January through June 2004, the Kazakhstan health reform environment remained unstable, offering, however, new challenges and opportunities. Before April 2004, the health reform policy process had been driven by a reform-oriented government team led by Vice Prime Minister Marchenko. Since staff changes in April, the health reform baton has been handed over to a newly appointed Minister of Health, Dr. Dosayev, and his team of reformers. These two political factors have impacted, to a large extent, ZdravPlus's strategy over the reporting period.

At the system level, ZdravPlus's strategy has pursued three major goals: i) finalizing the health finance reform legal base and proceeding with the implementation process; ii) establishing relationships and maintaining policy dialogue with the new MOH and the Government in order to retain, promote and strengthen reform gains; and iii) promoting EBM, clinical practice guidelines, and rational drug use to policy-makers and medical leadership.

At the health provider level, ZdravPlus's strategy consisted of continued implementation of activities impacting quality of care. These activities centered on ZdravPlus pilot sites with the experience promoted to the national level as opportunities presented themselves.

### *Health Finance Reform Legal Base and Implementation*

On the legal side, the following national laws and regulations, contributed to and promoted by ZdravPlus, have been finally approved by the Government over the period from January to April:

- Government Decree #806 "On Health Provider Reimbursement," creating conditions for pooling funds at the oblast level, allowing for more autonomy for health providers in managing their internal resources and expanding capitated rate to mixed polyclinics.
- The Ministry of Economy's Order #201 "On Approving a Unified Budget Classification of the Republic of Kazakhstan." The Order consolidates health budget programs creating better conditions for restructuring the health care system with more rational utilization of resources.
- The Budget Code approved by Government Decree #548 creates legal conditions for pooling funds at the oblast level - one of the major technical conditions for effective implementation of new provider payment systems.
- An Outpatient Drug Benefits Package approved by Government Decree #674. The benefits package covers children under one year of age in 2004 and is planned to be expanded to children under age 5 in 2005.

On the implementation side, strides have been made to prepare oblasts for implementing the above regulations in an effective and consistent manner. Thus, a national workshop covering around 40 oblast health organizers and economists was implemented. The purpose was to educate oblast level representatives in the new regulations and create understanding and broad, knowledgeable support for health finance reforms. The next step in that direction will be the implementation of four regional seminars on health finance covering all oblasts. The seminars, to take place in Almaty, Karaganda, Uralsk and Ust-Kamenogorsk, will discuss the implementation process through sharing experiences and lessons learned.

Health information systems, required for efficient operation of new provider payment systems, were further developed in Karaganda, Zhezkazgan, East Kazakhstan Oblast, Semipalatinsk and Uralsk. In the three latter sites around 1,000 statisticians and health organizers received appropriate training.

Health information systems continued to support the monitoring and evaluation processes, underway in Karaganda Oblast and Semipalatinsk, assessing the impact of health reforms on Public Health Care. Monitoring and evaluation has been further replicated in Temirtau and Saran supported by the Karaganda Oblast Health Department.

### ***Policy Dialogue with the Ministry of Health and Government***

After the change in the MOH, ZdravPlus was able to quickly connect with the new MOH and Deputy MOH to continue policy dialogue. National policy dialogue has centered on developing a new National Health Care Reform Program, a process which was started under Marchenko's direct supervision and is still underway in the new administration. ZdravPlus' inputs on general health policy and the National Health Reform Program, which was exposed to public discussions and is set to be submitted to the Government in July, have been well received.

In general, the Program is consistent with the overall health reform strategy supported by ZdravPlus. As such, it includes core elements of health finance reform, such as new provider payment systems supported by health information systems, pooling of funds at the oblast level, and program budget consolidation. It also gives priority to PHC with an allocation of at least 40 percent of the health budget. It acknowledges the importance of general practice and provides for a gradual restructuring of primary health care, allowing for multiple PHC models and combinations. Thus, in the first stage, from 2005-2007, mixed polyclinics will start to be formed and Family Medicine Centers will start development in the next stage (the already existing family group practices will remain). The Program reinforces evidence-based medicine (EBM) and internationally accepted medical approaches, and emphasizes the role of the population, particularly in the health promotion context. ZdravPlus will continue monitoring the discussion and approval process and will provide further technical assistance in detailing the Program.

### ***Quality of Care***

Clinical quality improvement (QI) efforts concentrated on expanding and deepening the Continuous Quality Improvement (CQI) project, Safe Motherhood Project, continued implementation of the Integrated Management of Childhood Illnesses (IMCI) program and Interpersonal Communication Skills (IPCS) training, rational drug use activities, EBM promotion, and Clinical Practice Guidelines (CPG). Population outreach and putting improved skills to use are central features of all QI activities. As a part of the above trainings, the population has been reached through Keeping Children Healthy (KCH) campaigns, antibiotics and hypertension campaigns as well as through the Healthy Communities Grants Program (HCGP) which is administered in conjunction with Counterpart International. The Kazakhstan Association of Family Physicians (KAFFP) has also contributed considerably to clinical training and population awareness activities.

### ***Major Project Products Developed***

Over the reporting period, significant work was completed on the the following products:

- Primary Health Care (PHC) Conference Collection of Materials;
- Improving the Quality of Family Planning Services in Zhezkazgan and Satpaev ;
- Safe Motherhood Project report;
- Drug Prescription Practices in Primary Health Care Facilities in Central Kazakhstan;
- Basic Health Care System Parameters in Kazakhstan and Proposed Improvements; and

- Guidebook on Preparing and Implementing “Keeping Children Healthy” Campaigns.

## **PILOT SITES**

Pilot sites have continued generating positive experiences in health reform, sharing those experiences with each other and promoting successful approaches and results at the national level as opportunities presented themselves.

### **Zhezkazgan**

Zhezkazgan, technically supported by ZdravPlus, has continued consistent health reforms in a generally positive health reform environment. With sound political support from the Akimat (City Governor) and the Health Department, Zhezkazgan continued generating positive experiences. These experiences were rolled out to Karaganda Oblast and promoted further to the national level.

The Continuing Quality Improvement (CQI) project, involving all nine family group practices, continued to be implemented through monitoring family planning services. Preliminary results show that the CQI approach is feasible and well accepted by health providers. The evolution of the project has brought an understanding of the importance of system changes in achieving improvement goals. The following three main achievements of the project so far are: 1) that the providers have learned to monitor their own performance; 2) as part of a system change, they have set up reproductive health rooms in their facilities; and 3) a population education campaign was arranged which increased the demand for the family planning services. Six representatives from the National Kazakhstan School of Public Health and the National Medical University visited Zhezkazgan and Karaganda to see the CQI system at work. The study tour was made in the context of discussions with the MOH on institutionalizing quality improvement in the country.

The Safe Motherhood Project piloted in Zhezkazgan Maternity Home (Roddome) has been basically completed and rolled out to Karaganda. As a result of the project, the number of unjustified surgical interventions during deliveries was reduced. The rate of Cesarean sections decreased from 10 percent in the year prior to implementation to 8.1 percent during the implementation year. Deliveries with episiotomy decreased from 12.5 to 4.3 percent in the mentioned periods. Induced deliveries decreased from 15 to eight percent. Satisfaction with care among pregnant women and women who gave birth increased from 40 to 90 percent.

To further strengthen the positive impact, ZdravPlus implemented two IPC training courses for 40 gynecologists and midwives of the Roddom. Notably, the Chief Physician of the Roddom and a midwife have been invited as co-trainers to the WHO training course under the National Mother and Child Center and Perinatal Center in Almaty which is the acknowledgment of the positive experience generated through the Safe Motherhood project.

The results of the Family Practice Chart Audit have been analyzed and documented. The survey shows positive changes in Arterial Hypertension treatment, improvements in the diagnosis and treatment of ARI with fewer antibiotics prescribed, and that iron prescriptions to patients with anemia (women and girls) have increased up to 64.2 percent.

The population has been further involved through Keeping Children Healthy (KCH) and Hypertension Campaigns. The KCH campaign was implemented along well-established routes with minimal ZdravPlus involvement. The Hypertension campaign promoted EBM approaches to the population and received significant support from ZdravPlus. While the City Health Department (CHD) and the Family Group Practice Association (FGPA) took responsibility for organizational issues, ZdravPlus provided technical assistance including the dissemination of around 4,450 fliers and 6,500 brochures.

The Zhezkazgan FGPA continued to play an important role in providing services to its members, monitoring the Primary Health Care (PHC) CQI process, working in the community, and promoting family practice both to policymakers and the population. The FGPA supported a family medicine

training course for family medicine nurses, implemented peer training seminars in STI prevention for high schools students, and considerably contributed to population education campaigns (see above). It continued advocating for family practice through its elected representative in Maslikhat. Supported by ZdravPlus, the FGPA continued developing its Resource Center and forging relationships with local NGOs.

The Zhezkazgan Modular System has been further developed and is supported by the City Health Department (CHD). Steps have been taken to speed up the process of software design to make the system operational at the facility and network levels. Modifications introduced recently have made the system more user-friendly with positive responses coming from physicians and the CHD. Technical elements developed on the base of the Zhezkazgan Modular HIS continued to be incorporated into the Karaganda HIS basis.

#### Karaganda Oblast

Karaganda Oblast has remained the leader in comprehensive health reforms and a major technical resource for the National Ministry of Health. During his visit to Karaganda from June 29-30, the new Minister of Health, Mr. Dosayev, was introduced to health providers and health information systems, quality improvement, and Drug Information Center (DIC) activities. Reportedly, the Minister was impressed commenting that “Karaganda understands him best.” He invited the Karaganda health policy and technical team to contribute to the National Health Care Development Program.

Over the past period, Karaganda has advanced in implementing quality improvement (QI) activities. The Safe Motherhood Project, built on experiences in Zhezkazgan, increased its capacities. Thus, through two Safe Motherhood/ Promoting Effective Perinatal Care (PEPC) training courses, 41 FGP doctors and midwives have been trained. Dr. Olive Frost, a volunteer ob-gyn from England, worked with the Karaganda Oblast Maternity Hospital and FGPs for over a month providing practical on-the-job training. ZdravPlus has procured equipment to support the introduction of international practices in delivery and newborn care. The CQI project in Maikuduk urban district has proceeded with building a multi-level quality improvement system for child care. A Working Group under the Oblast Health Department (OHD) continued collecting and analyzing information on the pediatric care system, medical practices, and population knowledge and practices. Areas of concern (such as polypharmacy and the unjustified use of antibiotics in hospitals for ARI and CDD) were detected and prioritized and interventions were formulated.

The Outpatient Drug Benefits Package (ODBP) implementation process has started. The OHD signed a Protocol of Intentions with ZdravPlus and developed an action plan. By the end of 2004, Karaganda will develop, test, monitor, and document all procedures required for implementing the ODBP. The results, experiences, and recommendations will be provided to the national level.

The DIC continued disseminating information to the health profession and the broader public, promoting EBM approaches. Its major activities over the past six months include a roundtable on drug use assessment for Formulary and Therapeutic Committees, technical contribution to the International Conference on Drug Side Effects, and organization of the Eurasia Drug Information Network roundtable addressing issues of strategic development. The DIC has contributed to the CQI Project by developing recommendations on antibiotic use in hospital surgery departments, approved by the OHD. The final approval of Outpatient Hypertension Guidelines by the MOH is one of the visible successes. These guidelines were initially developed by the DIC and revised by the National Research Institute of Cardiology with ZdravPlus support. The population has been further educated through DIC-developed key messages of the Hypertension Campaign, and a seminar “Drug Use for Elderly Patients.” The DIC telephone service continued operating: a total of 481 calls were answered over the past six months; 42 percent of the calls came from physicians. Six Newsletter issues have been released.

The Integrated Health Information System (HIS) continued to be developed to support provider payment, quality improvement programs, and monitoring and evaluation. Provider payment and health information systems have been promoted to the national level through the National Health

Finance Workshop, implemented by ZdravPlus. International donor organizations such as UNICEF and World Bank continued showing interest in Karaganda's experience in this area. ZdravPlus organized a study tour to Karaganda for UNICEF representatives who were impressed. ZdravPlus will continue promoting Karaganda health finance and information systems reforms to consolidate a broad conceptual platform supported by major donors. PHC monitoring and evaluation activities expanded beyond Karaganda down to Temirtau and Saran, supported by oblast and city health departments.

#### Semipalatinsk and East Kazakhstan Oblast

East Kazakhstan Oblast and Semipalatinsk have progressed in developing the clinical capacities of PHC providers, population education and HIS development. Volunteer family doctor Dr. David Kuter spent February and March in Semipalatinsk working with FGPs and FM Faculty in the Semipalatinsk Medical Academy. Dr. Kuter worked at the Family Medicine Training Center and provided lectures to FGP physicians and academy trainers. Four FM residency students joined the practical training, under Dr. Kuter's supervision, in the busiest FGPs. Two family doctors from Semipalatinsk continued attending the Family Medicine Training of Trainers course in Bishkek. The population has been reached through a KCH campaign focused on Acute Respiratory Infections (ARIs).

The HIS was further developed with emphasis on adjusting and unifying the existing software programs and personnel training. The updated software programs "Hospital" and "Polyclinic" have been installed throughout the oblast. Around 600 specialists have been trained through the "HIS and its Role in Creating an Effective Health Care Delivery System" workshop. These efforts have been made to ensure smooth implementation of the diagnosis related groups (DRG)-based payment system for hospitals. A ZdravPlus specialist worked with the Ust-Kamenogorsk Ambulance Station on updating the current software to ensure successful implementation of the PHC monitoring and evaluation program in Ust-Kamenogorsk. Software programs supporting population databases have been installed in the family practices that have bought computers.

The PHC monitoring and evaluation project proceeded in Semipalatinsk. The required data continued to be collected, analyzed and presented on a quarterly basis to the Joint Working Group sessions under the City Health Department. ZdravPlus has supported the process.

#### Almaty

In Almaty, ZdravPlus' technical assistance focused on quality improvement activities promoting international approaches and EBM standards to national institutions, medical academies and health facilities. Thus, in the area of reproductive health, Dr. Olive Frost mentored doctors and family medicine residents at Polyclinic #2 and worked at the Almaty Perinatal Center on inpatient care. The focus of her work was on the introduction of modern, evidence-based medicine (EBM) practices in prenatal care and delivery which are consistent with WHO's PEPC approach. In collaboration with the Academy for Educational Development (AED), ZdravPlus has conducted three training courses on psychological support and education of pregnant women, new mothers, and their families. The training was based on modules from WHO's PEPC/Safe Motherhood program. The Red Apple hotline continued serving the population. The Business Women's Association of Kazakhstan (BWAK) conducted a roundtable with the Almaty City women's clinics to discuss collaboration with the Red Apple Hotline. In the area of family medicine, American family doctor David Kuter worked at the Almaty PGI Faculty in Polyclinic #2 consulting family doctors.

Evidence-based medicine has been promoted through the efforts of four ZdravPlus-trained methodologists. They continued working with trainers from the Almaty Medical University, Post Graduate Institute (PGI), Almaty PGI family medicine residency students, researchers from the Institute of Epidemiology, Hygiene, and Microbiology, Kazakhstan Dentists Association, and physicians from polyclinics and hospitals. They helped to prepare lectures and find evidence-based clinical information. ZdravPlus continued collaborating with the national Institute of Cardiology. As a result, the Hypertension clinical guidelines, developed by the Karaganda DIC according to EBM standards, have been finally approved by the Ministry of Health. The methodologists helped the PGI

Family Medicine Faculty provide two one-day training courses on rational antibiotic treatment for 45 Almaty physicians.

#### Almaty Oblast

In Almaty Oblast, ZdravPlus has focused on family medicine, clinical training and health promotion activities. KAFP leaders met with the head doctor of Iliiski Rayon and all physicians and feldshers of rural physician practices (SVAs). As a result, Iliiski Rayon SVAs joined the Almaty KAFP branch bringing in 50 new members. KAFP and Almaty PGI trainers provided a five-week clinical training course on “Internal Medicine—Clinical EKG” for 34 physicians from Iliiski Rayon rural FGPs, polyclinics, and the rayon hospital. The IMCI program continued in Panfilov Rayon in the form of follow-up visits.

In the health promotion area, ZdravPlus continued collaborating with the National Center for Healthy Lifestyles and the OHD. ZdravPlus contributed to preparation for the traditional summer health promotion event titled, “Road to Health National Tour” across Almaty Oblast, which will take place in July, and supported the National Healthy Auls program by providing dissemination materials of FGPs in Almaty Oblast and supporting community-based activities.

#### Astana

After many months of preparation, the Global Development Alliance project, in cooperation with USAID and ExxonMobil, has started. This \$80,000 project, with equal financial contributions from USAID and ExxonMobil and implemented by KAFP and ZdravPlus, focuses on IMCI in Astana City. Over these six months, project implementation activities proceeded according to plan. Political meetings with the MOH, City Akim Administration, and City Health Department were held and agreements reached. The launch event in early March brought together USAID, ExxonMobil, the Ministry of Health, Akim’s Administration, City Health Department, KAFP, and ZdravPlus and was a visible public event covered by mass media.

Over the past six months, all nine family group practices have received the basic equipment required for successful implementation of the IMCI strategy and around 60 family doctors and pediatricians have undergone an IMCI standard training course enhanced by IPC two-day trainings. A KCH campaign, as the integral third component of IMCI, started on June 10. Preparations toward community-based educational informational events are underway.

#### Pavlodar and Kokshetau

ZdravPlus continues monitoring the situation in these two sites. The health reform environment in Akmola Oblast (Kokshetau) has become more positive recently. The former Vice Minister of Health for Health Care Finance, O. Naimushina, was recently appointed Deputy Akim of Akmola Oblast for economic issues, and has approached ZdravPlus with a request to provide assistance in developing the health system.

#### West Kazakhstan

The West Kazakhstan Oblast Health Department approached ZdravPlus with a request to provide technical assistance in developing health information systems. ZdravPlus responded by installing and adapting unified software programs to meet the needs of new provider payment systems. Simultaneously, over 300 health workers and statisticians from the entire oblast were trained in using the software programs.

## **SUMMARY OF ACTIVITIES**

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### **Population Involvement**

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The Population Involvement activities over the past six months progressed along the following directions: informational educational campaigns and interpersonal communication training linking with and contributing to the quality component of the project; health promotion activities supporting

the National Healthy Lifestyles Center program; NGO development aimed at the institutional development of larger NGOs such as KAFP and Business Woman's Association of Kazakhstan (BWAK); and contributing to community health programs.

### ***Informational Educational Campaigns***

#### **Keeping Children Healthy (KCH)**

Keeping Children Healthy campaigns have become well established in the country. Over the past six months, they have been implemented independently by family group practices and organizationally supported by local FGP associations (Semipalatinsk and Zhezkazgan) and KAFP branches.

ZdravPlus's major efforts focused on providing technical assistance to KAFP, Semipalatinsk, and Zhezkazgan FGP associations in implementing KCH campaigns, training KCH coordinators, and developing and providing respective technical materials.

The winter KCH campaigns, which focused on acute respiratory infections (ARI), were successfully conducted in Semipalatinsk and Zhezkazgan. The summer KCH campaigns are currently in progress in Semipalatinsk, Zhezkazgan, and Astana. Astana is a new site implemented within the new Global Development Alliance (GDA).

Pursuing the goal of institutionalization, ZdravPlus has provided the following technical assistance:

- In January a training course for coordinators of KCH campaigns was implemented in Astana. The training was organized jointly with KAFP and conducted by the ZdravPlus Health Communication Team in partnership with the ASTRA Public Union, one of the Civil Society Support Centers supported by Counterpart International. Twenty-five representatives from various KAFP branches (Astana, Almaty Oblast, Shymkent, Uralsk, Atyrau, Aktubinsk, Pavlodar, Karaganda and Ust-Kamenogorsk), as well as members of the Semipalatinsk and Zhezkazgan Associations of Family Physicians, participated in the training. All trainees were provided with a ZdravPlus-developed manual on the KCH campaign and videos. Upon completion of the training course, certificates were awarded. The trained coordinators have taken the lead in implementing KCH campaigns in Semipalatinsk, Zhezkazgan, and Astana.
- A KCH manual and training video on implementing public events within KCH campaigns, using Semipalatinsk and Zhezkazgan as examples, have been finalized and successfully used during the training course for coordinators of KCH campaigns conducted in Astana in January.

#### **Astana - Keeping Children Healthy**

The Kazakhstan Association of Family Physicians (KAFP) and ZdravPlus have proceeded with the joint implementation of a KCH campaign in Astana within the Global Alliance Development Project. Much work has been done in gaining continued political support from the City Akim's administration and organizational support from the CHD. Detailed plans, coordinated with KAFP, CHD, and the KAFP branch in Astana, have been developed. On July 10, the KCH campaign was officially launched with a press conference and a public event. David Hunter, a volunteer and a social worker currently working with ZdravPlus has moved to Astana to work closely with family group practices and the population in implementing the campaign. Currently, all FGPs are working closely with population groups in preparing for the next public event in late July-August—a competition between joint FGP/ population groups. ZdravPlus has been continuously involved with the project, pursuing two major goals: effective implementation of the project and building KAFP capacities in working with the communities.

#### **Hypertension Campaign**

The Hypertension campaign was a new information, education, and communication (IEC) campaign designed and implemented in Karaganda and Zhezkazgan with ZdravPlus's technical assistance. In preparing for the campaign, ZdravPlus closely collaborated with the Karaganda Drug Information

Center (DIC), the Kazakhstan Institute of Internal Diseases (KIID) and the National Center for Healthy Lifestyles (NCHL). The DIC and KIID have provided technical expertise in developing and revising the key messages. The NCHL closely partnered with ZdravPlus to design the dissemination materials and use them in the hypertension campaign conducted in May national-wide. Educational informational materials – video shots, brochures, and flyers, audio reels - in both Russian and Kazakh languages, a script of a sporting event, and a script of a radio quiz have been developed.

On May 10, a Hypertension Campaign, organized by ZdravPlus in cooperation with the Center for Healthy Lifestyles and KAFP as well as other local partners, was launched in Karaganda and Zhezkazgan. The population showed considerable interest in the campaign. In Zhezkazgan, the organized blood pressure test posts had special forms where individuals with high blood pressure were registered and referred to FGPs for prevention. Around 4,450 fliers and 6,500 brochures on hypertension, prepared and printed by ZdravPlus, were disseminated in Zhezkazgan alone. Seven articles including two in the Kazakh language were published in the local press and two radio programs were broadcast.

### ***Interpersonal Communication Skills Trainings***

The Interpersonal Communication (IPC) training courses have become visible and are growing in demand among the health profession. The IPC training course has been integrated with the IMCI training conducted within the Global Development Alliance project in Astana. So far, over 50 PHC specialists have been trained.

At the request of the Chief Physician of Zhezkazgan Maternity Home (Roddom), ZdravPlus has implemented two IPC training courses for 40 gynecologists and midwives. The Chief Doctor and his deputy were active participants in the training. The training was provided by IPC master-trainer Astashkina, representing KAFP, and trainer Abeldinova, Chief Physician of one of Zhezkazgan's FGPs.

ZdravPlus-trained trainers conducted eight trainings on interpersonal communications skills for 143 doctors in Semipalatinsk, Ust-Kamenogorsk, Karaganda, and Zhezkazgan.

### ***Health Promotion Activities in Cooperation with the National Center for Healthy Lifestyles***

Over the past six months, ZdravPlus has continued collaborating with the National Center for Healthy Lifestyles as a major vehicle of health promotion activities in the country.

In January, ZdravPlus participated in a roundtable organized by the National Center for Healthy Lifestyles. The roundtable brought together major donor organizations working in the health sector of Kazakhstan including UNICEF, AIDS Foundation East West, CDC, WHO, PSI and others. The issues of collaboration and coordination of the donors' activities in the area of health promotion were discussed.

ZdravPlus is supporting a nationwide contest for journalists on healthy lifestyles implemented by the NCHL in 2004. The goal of the contest consists of increasing the level of the population's awareness of healthy lifestyles and developing capacities in the mass media in the area of health. The major health topics proposed for the contest are: Acute Respiratory Infections; TB Prevention; Family Planning; Nutrition; Smoking; Physical Exercise; Drug Addiction; Acute Intestinal Infections; Hepatitis; STIs; HIV/AIDS; Alcohol Addiction; Preventive Medicine; Safe Motherhood; and Breastfeeding.

ZdravPlus has provided support to the "Healthy Auls (Village)" project implemented by the National Healthy Lifestyles Center (NHLC). ZdravPlus's information materials and limited sponsorship have been provided. Specifically, ZdravPlus has contributed to Health Day conducted within WHO's Project "Healthy Aul" with the focus on Kendaly village in Almaty Oblast. It included sports competitions and public meetings with schoolchildren and teachers. A ZdravPlus marketing and

health promotion specialist (Ella Nabokova) spoke to the audience. In late April, the “Clean Yard” competition involving the community in cleaning yards, streets and adjoining territories, was also successfully implemented. ZdravPlus contributed prizes awarded for all of the competitions.

Dr. Olive Frost, a volunteer obstetrician-volunteer from Great Britain who has worked with ZdravPlus on implementing the Safe Motherhood strategy in Almaty, linked with the NCHL. She provided lectures for the National Healthy Lifestyles Center training courses on Safe Motherhood and breastfeeding.

### ***Kazakhstan Association of Family Physicians (KAFP)***

ZdravPlus has continued providing technical assistance to KAFP in its institutional development. As a relatively young and considerably large NGO, KAFP needs assistance in organizational and management development. The recent resignation of its Executive Director has created new challenges; KAFP is in the process of team building and hiring a new executive director.

While KAFP program activities related to family medicine and clinical training are detailed in the Quality section of the report, the organizational activities are summarized below:

- A two-day meeting with its branch directors, managers, headquarters staff, members and trainers was held in March. ZdravPlus representatives also participated. The agenda of the meeting included administrative, organizational and program issues.
- KAFP continued work in increasing the membership of the association in the country. KAFP leadership met with the head doctor of Iliiski Rayon (Almaty Oblast) and all VA (vrachebnaya ambulatoriya) physicians and feldshers. They made presentations about KAFP and distributed information, education and communication (IEC) materials. As a result, over 50 doctors have joined the Almaty City KAFP branch because of the rayon’s proximity to Almaty.
- KAFP participated in World Asthma Day in May, together with the patients’ association, Salautty Otan. It organized mass media coverage on asthma issues and distributed the Global Initiative for Asthma (GINA) pocket guide for PHC doctors and nurses as well as a booklet for patients. KAFP also supported a one-day training on asthma for KAFP members, specialists-allergists, and Almaty polyclinic physicians. The GINA Executive Committee sent a letter of appreciation to the KAFP President.
- The Akmola and Pavlodar Oblast and Astana branches of KAFP received grants from the Healthy Communities Grants Program which is administered in conjunction with Counterpart International.
- KAFP participated in the TV “bridge,” organized by the CIS TV company Mir between Almaty, Moscow and Yerevan in March. This program presented an overview of family medicine (FM) in Kazakhstan, including a film of a family doctor’s work, an interview, and a discussion involving KAFP members

### ***Business Women’s Association of Kazakhstan (BWAK)***

BWAK continued to operate the Red Apple hotline in eight cities: Astana, Almaty, Atyrau, Aktobe, Uralsk, Semey, Karaganda, and Shimkent. The number of calls in the first half of 2004 was higher than during the same period in previous years. The profile of clients, however, remained much the same, with 86 percent women and 14 percent men. The topics of calls were as follows: oral contraceptives – 15 percent; gynecological or urological problems – 14 percent; STIs and HIV/AIDS – seven percent; pregnancy – six percent; condoms and spermicides – five percent each; IUDs – 4.5 percent; emergency contraception – 4.4 percent; breastfeeding – 2.5 percent; menopause – 2.4 percent; and miscellaneous – 34 percent.

Business Women's Association of Kazakhstan (BWAK) negotiated and opened two new branches in Atyrau and Aktau. ChevronTexaco has awarded a one-year grant to the Atyrau hotline, while local authorities agreed to fund the Aktau hotline. ZdravPlus' own grant agreement with BWAK was set to expire in May but has been extended with the agreement of USAID.

### ***Zhezkazgan Family Group Practice Association (FGPA)***

ZdravPlus has continued supporting the independent Zhezkazgan and Semipalatinsk Family Practice Associations. The associations have grown more sustainable through participating in various grant programs, fund raising programs, and membership fees. They also receive assistance from KAFP.

The Zhezkazgan Association of Family Group Practices (FGPA) has continued participating in the political life of the city. In January, Alma Makenbaeva (President of FGPA) and Victor Tilman (a family practitioner and a City Maslikhat deputy) participated in the City Maslikhat session contributing to the discussion on the local budget. They were promoting the increase of capitated rate for primary care. The FGPA continues its close collaboration with the City Health Department and the Akim's administration, updating them on developments in the PHC sector, and seeking political support (see Policy section).

The Zhezkazgan FGPA continued community-based educational work through the ZdravPlus-supported Keeping Children Healthy (KCH) and Hypertension campaigns and other activities implemented independently. The FGPA trainers on prevention of STI and HIV/AIDS led a team of eight trainers, who were high school students, to conduct eight seminars at three high schools in December and January. Three of these seminars were conducted in the Kazakh language. All training materials were developed and translated with the participation of family practitioners and the City Center for Healthy Lifestyles.

The Zhezkazgan FGPA has continued collaborating with the Nursing Association. The Nursing Association has produced its regular quarterly newsletter. A first round of trainings with family medicine nurses on implementing the nursing process in family practices has been conducted. Materials provided earlier at the Bishkek TOT course were used as basic training materials.

### ***Healthy Communities Grants Program (HCGP)***

The Healthy Communities Grants Program, which is run jointly by ZdravPlus and Counterpart International, has progressed. The third round of HCGP was launched in February. In the course of the third round, a Counterpart Civil Society Support Center "Astra" (Astana) selected concept papers from NGOs, community groups and community-based organizations (CBOs). In the Selection and Grant Committee meetings held in Astana, concept papers from Akmola Oblast were selected. ZdravPlus supervised the process and made recommendations. Concept papers and grant applications from other parts of Kazakhstan were reviewed on the national level. A total of 15 grants were awarded, including eight Community Action Grants and seven Health Grants.

The remaining concept papers were considered at the national level in Almaty on May 7th. Possible areas of technical assistance were discussed and respective agreements on technical assistance to be provided by ZdravPlus were made with the 15 Round 3 grantees. The agreed-upon technical assistance, which was begun in June, includes the provision of grantees with ZdravPlus and partner information-educational materials, consultations with physician-methodologists and specialists from partner organizations, assistance in developing printed materials and conducting trainings.

In April, the fourth round of the Healthy Communities Grant Program was launched. The concept paper selection process has been rolled out to Kostanai and Ust-Kamenogorsk through the Civil Society Support Centers (CSSC). During the fourth round selection process 38 Concept Papers were selected. Grant applications for the fourth round will be reviewed in August.

### ***ZdravPlus' Collaboration with Other Partners***

ZdravPlus has provided consultative and technical assistance to the volunteer movement in Semipalatinsk on implementing World TB Day activities. Information dissemination materials have been provided.

At the request of the ACIDI-VOCA/USAID Community Action Investment Program (CAIP) Project, ZdravPlus has supported educational information activities in South Kazakhstan by providing video spots on family planning, breastfeeding and rational use of antibiotics. These materials were broadcast by local TV channels.

### ***Knowledge, Attitudes, and Practices (KAP) Survey***

The KAP survey for 2003 has been completed. Preliminary results are summarized below:

- More patients are satisfied with FGP services: in mature sites the satisfaction level has increased from 20 percent in 2001 to 40 percent in 2003; in intermediate sites patient satisfaction with services has increased from 20 percent in 2001 to 36 percent in 2003. More patients would want to go to a PHC physician for routine health problems.
- More patients know that a child with diarrhea should be given more water. In the target group (age 20-49), the knowledge has increased from 74 percent in 2001 to 94 percent in 2003 in mature sites. In intermediate sites the percent has increased from 70 percent in 2001 to 80 percent in 2003.
- More patients know breastfeeding principles, such as that in the first six months a child should be exclusively breastfed. Thus, in mature sites the percent has increased from nine percent (2001) to 34 percent (2003).
- In family planning, more respondents believe that tabulated contraceptives are more effective and reliable in preventing pregnancies – an increase from 13 to 23 percent.

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## **Quality Improvement**

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### ***Family Medicine***

Over the past six months, family medicine training activities have continued through KAFP, the Post Graduate Institute (PGI), Bishkek's 11-month Family Medicine (FM) TOT course, the two-year FM residency course supported by the MOH and ZdravPlus. Family medicine training activities also continued to be supported by DFID, through grant support to support residency students and provide some equipment at the Family Medicine Faculties of five medical schools (Semipalatinsk, Aktobe and Astana medical academies, Almaty PGI and Almaty University). The grant program finished in May 2004.

#### **Postgraduate Institute (PGI) Training**

The Kazakhstan Association of Family Physicians (KAFP) continued to support training for its branch members. In April/May, it provided a five-week course on Internal Medicine and Clinical EKG in Iliiski Rayon, Almaty Oblast, for 21 rural FGP doctors, with Almaty PGI faculty serving as trainers. In May, it provided a three-week course on EBM and Rational Pharmaceutical Prescription at the Almaty PGI for 21 members from Karaganda, Astana, Atyrau, Uralsk, Kokshetau, and Pavlodar. Almaty PGI trainers taught the course.

#### **Family Medicine Residency**

The two-year FM residency course, started in December 2002 at the Almaty PGI and four medical schools, continues with support from ZdravPlus. The Almaty PGI has six students: two from Zhezkazgan, supported by the MOH, and four supported by KAFP, two from Pavlodar, one from Karaganda Medical School, and one from Almaty. Starting in February, four FM residency students

went to Semipalatinsk for practical training in the city's busiest FGPs. They benefited from spending two weeks each with Dr. David Kuter, a volunteer family doctor, as well as from English classes given by Hilda Kuter.

#### Volunteer doctors

American family doctor, David Kuter, has been working with KAFP since January, mentoring family doctors and FM teachers. Starting with a few days at the Almaty PGI faculty Polyclinic #2, he went on to spend almost three months in Semipalatinsk, working with FGPs and the FM Faculty at the Medical Academy, including two weeks at the FM Training Center. During April and May, he worked in Shimkent, with FGPs and the FM faculty of the South Kazakhstan Medical Academy. Both in Semipalatinsk and in Shimkent, Dr. Kuter also gave lectures for FGP physicians, Medical Academy trainers and students. He also attracted considerable media coverage, giving radio, TV, and newspaper interviews on FM and health services in Kazakhstan and comparing the health status of the population in the U.S. and Kazakhstan. In June, Dr. Kuter visited several rural FGPs in Iliiski Rayon of Almaty Oblast and prepared a keynote presentation on safety issues for the regional QI conference in Tashkent. For eight weeks between January and March, Dr. Olive Frost helped support the introduction of WHO approaches to Safe Motherhood in Almaty and Karaganda. She devoted most of her time to working with hospital staff (Almaty Perinatal Center and the Karaganda Oblast Maternity Hospital, with a few days spent at the MCH Center), but also helped strengthen primary care at Polyclinic #2 in Almaty and at FGPs in Maikuduk and Yugovostok (Karaganda).

#### Family Medicine Training of Trainers (TOT) in Bishkek

Six doctors (three from Almaty PGI, two from Semipalatinsk, and one from the Karaganda FM faculty) and four nurses have been participating in the 11-month FM TOT course in Bishkek—and are expected to graduate in July.

#### World Organization of Family Doctors (WONCA) Europe Conference

In June, four representatives from Kazakhstan participated in this important conference. Dr. Damilya Nugmanova gave a presentation on detection and treatment of asthma in FGPs in Kazakhstan, drawing on the results of the Zhezkazgan-Satpaev medical audit (see below). A special symposium was held in conjunction with the congress on the Kazakhstan Primary Health Care Development Project: Improving Teaching Quality in a Former Soviet Republic Using Cross Cultural Collaboration. Dr. Nugmanova joined with Dr. Martin Rhodes from the Faculty of Medicine at Imperial College, London, to present a short course on “Translating Evidence into Effective Health Care Delivery.” Alma Nurtazina from Semipalatinsk Medical Academy presented the Academy's experience with objective structured clinical exams (OSCEs) and Lyazzat Zhamalieva from the Aktobe Medical Academy gave a presentation on Quality Assurance in Teaching. After the symposium, Dr. Nugmanova gave an interview to a Dutch GP Journal. Financial support to permit participation in the conference was provided by USAID, through KAFP and ZdravPlus, the Royal Dutch College of GPs and the British Council.

#### Results of the Medical Audit

In the summer of 2003, a medical audit/chart review was conducted in Zhezkazgan and Satpaev FGPs to assess how the quality of care has changed since July 2001 when the first audit was conducted. The analysis and the Russian report were completed in March. The major findings are:

- There were improvements in management of anemia in women of reproductive age, with increases in prescription of iron and use of oral medications, rather than injections. Moreover, inexpensive iron sulfate was prescribed more frequently. But the duration of iron treatment remained short.
- Treatment of hypertension improved, with FGP doctors prescribing first line drugs more often than in 2001. Prescription of diuretics increased from 30 to 59 percent, and of beta-blockers from five to 30 percent. There was also less frequent use of old, ineffective medications. On the other hand, there were no changes in diagnosis or in the quality of record keeping. These results are likely attributable to the three-day hypertension training

provided to 160 physicians from FGPs, polyclinics, hospitals and ambulances in summer 2002.

- There were some improvements in ARI diagnosis, care, and treatment. The breathing rate was calculated and recorded more often in 2003 than in 2001, but measurement and recording of temperature were about the same both years. In addition, physicians prescribed fewer antibiotics and there was a decrease in the prescription of antibiotic injections.
- There were no real changes in diagnosis of asthma (which is still under-diagnosed), its management, use of important respiratory tests (peak flow meters, spirometry), or treatment. Prescription of inhaled corticosteroids is still low, with 21 percent of asthma patients prescribed inhaled steroids in 2001 and 27 percent in 2003. Most asthma patients are still steroid-dependent and use systemic (oral or injection) corticosteroids.
- In 2001, there were very few charts with a diagnosis of ARI, so in 2003 it was decided to look at all charts where a cough was recorded. In 2003, there were more charts with diagnosis of a cough, rather than ARI. Compared with children with ARI, three times as many children with a cough received an antibiotic prescription and five times as many received an antibiotic injection. Moreover, children with a cough were seven times as likely to be referred to the hospital as children with ARI. This probably reflects misunderstanding of ARI diagnosis.
- With respect to acute intestinal infections/diarrheal diseases in children, there was an increase in hospitalizations, with the children taken directly to the hospital by ambulance, without a referral from an FGP physician. FGP doctors' record-keeping practices improved, often recording how the child drinks water and the time of relaxation of skin pinches. And FGP doctors did not prescribe antibiotics for these children. Children with frequent stool were 4.5 times less likely to be hospitalized than children with diarrheal disease. Eighty percent were seen by FGP physicians and the FGP doctors often prescribed antibiotics. In 2003, there were more charts with a diagnosis of frequent stool than of acute diarrhea. This is probably an effort to hide a diagnosis of diarrheal disease, so as to avoid having to send children to the infectious diseases hospital.
- Hospitalization rates for pregnant women decreased in both cities, probably as a result of a ZdravPlus training on international approaches to Safe Motherhood.
- There were improvements in record keeping for pregnant women. Blood pressure readings were found in 63 percent of pregnant women's charts in Zhezkazgan and in 91 percent of charts in Satpaev. However, doctors in women's consultation clinics recorded blood pressure more frequently than those in FGPs. Hemoglobin levels were measured for all pregnant women in Satpaev and 96 percent in Zhezkazgan—more often than in women's consultation clinics. Prescription of iron improved significantly, particularly in Zhezkazgan and most doctors in both cities indicated the dose of iron medications. While in 2001 doctors did not keep records about breastfeeding counseling, such records were kept in 2003.

### ***Assistance to Alatau FGP, Almaty Oblast***

ZdravPlus has also supported the Alatau FGP located 20 km away from Almaty. A training plan for FGP physicians has been discussed with the Chief Doctor. One physician has been sponsored by ZdravPlus to participate in a clinical course in Almaty this summer. Upon the request of the clinic itself, a study tour was arranged for one of the doctors to visit Abzalova's clinic in Astana to introduce her to community-based social activities. Dr. Kuter has also visited the FGP and held a meeting with the doctors to discuss their needs. A technical document outlining the needs, constraints and suggestions has been prepared.

## ***Integrated Management of Childhood Illnesses (IMCI) and the Global Development Alliance (GDA)***

The main focus of activity in IMCI over the past six months has been on the start-up of the Partnership for Child Health in Astana, a joint project of USAID, ExxonMobil, ZdravPlus, and KAFP in the context of the Global Development Alliance. This innovative public-private partnership is not only expected to improve child health services in Astana, but should also help expose national-level policymakers to modern, evidence-based approaches to child health care.

KAFP and ZdravPlus have worked together on all activities. The official launch of the project took place on March 3<sup>rd</sup> in Astana, with an IMCI orientation meeting that drew 137 participants, including senior representatives from the Astana Akimat, the City Health Department, WHO, the National IMCI Center, GDA partners, and primary health care workers in Astana. There was excellent coverage of the event in the mass media. The meeting provided an overview of IMCI, stressing the importance of governmental support and population involvement in addition to clinical training and also dealt with practical planning for IMCI.

Three IMCI training courses have already taken place, with 52 physicians trained—out of a planned 150 from Astana FGPs and city Polyclinic #2. Ten of the physicians went on to participate in a TOT and are now helping with the training as IMCI trainers. In addition, 10 physicians have been trained on how to do IMCI follow-up visits, which are due to start soon. Thus, the basic capacity for Astana City to implement the clinical component of IMCI is now in place. Simple equipment needed for IMCI, such as baby scales, height meters, and clocks, was also procured for the PHC providers. And, as described in the Population Involvement section of this report, PHC workers were also trained in IPCS focused around IMCI messages and a KCH campaign was launched in June to educate the public about key practices related to child health.

Outside the framework of the GDA, ZdravPlus has taken the initiative and started to develop a training module for patronage nurses to go hand-in-hand with IMCI. The planned modules will be designed to be taught *by* nurses *to* nurses and will draw heavily on the messages in the new UNICEF *Facts for Life*. The program will be geared primarily towards home visits and will cover key IMCI topics: breastfeeding, growth and nutrition, immunization, diarrhea, coughs, colds, and hygiene. Time will also be devoted to IPCS sessions to help nurses communicate more effectively. In addition, nurses will be trained in critical practical skills, such as proper attachment for breastfeeding, counting breath rates, assessment of dehydration in a child with diarrhea, use of growth charts, and others. The course will use interactive teaching techniques, with role plays and small group work and will also use the brochures, posters, and other materials already developed by ZdravPlus.

## ***Reproductive Health***

- The main focus in RH has been to extend the Zhezkazgan/Satpaev Safe Motherhood pilot project to Karaganda. Building on training already done for hospital staff in Karaganda using WHO modules on obstetrical care, newborn care, and breastfeeding, ZdravPlus provided two 10-day courses on pre- and postnatal care for staff of out-patient facilities in Karaganda. These were conducted by WHO consultants, Tatyana Dinekina, an ob-gyn from Russia, and Dalia Jeckaite, a midwife from Lithuania. ZdravPlus also used previously trained staff from Karaganda and Zhezkazgan, who already have some implementation experience, as co-trainers. In all, 40 health workers from outpatient facilities in Karaganda were trained.
- Dr. Olive Frost supported the introduction of Safe Motherhood in Karaganda, spending three weeks in March mentoring doctors, mostly in the Oblast Maternity House, and giving lectures on international approaches to obstetrics. The Oblast Maternity House also received some basic equipment procured by the project.
- ZdravPlus and Academy for Educational Development (AED) collaborated on the organization of three trainings to prepare pregnant women and their partners for delivery.

“Delivery Together, Delivery without Fear” covers interpersonal communications, demedicalization of pregnancy and delivery, and techniques for relaxation and breathing during delivery. In total, 65 gynecologists and midwives from Almaty participated in the course.

- Two family planning training courses were conducted in Temirtau in April by a team of trainers from Karaganda. Forty health workers participated. Their average test scores rose from 70 percent before the courses to 94 percent afterwards.

Dr. Roza Adilbekova, ZdravPlus RH Specialist, resigned her position effective in mid-July to go to another USAID project.

#### Evidence-Based Medicine (EBM)

The most significant development in the past six months was the approval by the influential Institute of Cardiology, and subsequently by the Ministry of Health, of new EBM guidelines for the management of hypertension at the PHC level. These guidelines were originally developed by the DIC in Karaganda. ZdravPlus has begun discussions with the institute on implementation strategies for the new guidelines.

KAFP and the EBM methodologists have been playing an increasing role in promoting EBM not only in Kazakhstan but elsewhere in the region. Over the past six months, they have conducted the following training courses:

- FM trainers and EBM methodologists provided two five-day EBM training courses in Bishkek for 78 Kyrgyz academics, faculty members, Health Insurance Fund staff, and FM trainers;
- Technical assistance to four groups working on developing evidence-based clinical practice guidelines in Kyrgyzstan;
- Training on EBM for the Bishkek Nurses Alumni conference in April by Dr. Nugmanova; and
- A three-week course on EBM and Rational Pharmaceutical Prescription in Almaty for 30 participants, including 21 KAFP members and nine others conducted by the Almaty PGI FM trainers.

The methodologists have also been working with trainers and researchers from the Almaty Medical University, PGI, Almaty PGI FM residency students, Institute of Epidemiology, Hygiene and Microbiology, KAFP members, physicians from polyclinics and hospitals, and the Kazakhstan Dentists Association to help prepare for lectures and find EBM clinical information.

#### ***Quality Improvement (QI)***

In Karaganda, the QI team for the pilot project on child health care in Maikuduk District completed the situation analysis started in December, finding that during two months of monitoring, the percentage of children managed according to IMCI protocols increased from 80 to 100 percent. Providers in three Maikuduk FGPs improved their compliance with IMCI guidelines from an average score of 56 percent to 80 percent in a three-month period. The assessment also found that no child was examined, assessed, and treated according to IMCI by ambulance staff and that the hospital scored only 50 percent—findings that are not surprising since IMCI training has taken place at the PHC level only. Data also showed that 50 percent of neonatal deaths are due to respiratory distress syndrome and most deaths among children aged one to five come from trauma.

The team decided to focus its monitoring and improvement efforts on two topics: decreasing mortality in children under age five and improving the rational use of health care services, especially referrals. The team also decided to monitor and evaluate the functioning of the different levels of the

pediatric care system, including primary care in FGPs, ambulance care (IMCI coverage, compliance with IMCI and appropriate referrals to hospital), and hospital care (appropriate admissions rate, median length of stay and mortality rate). As a first step, the team identified polypharmacy and unjustified use of antibiotics as problems at the hospital level. It asked the DIC to develop clinical protocols for effective and efficient treatment of pneumonia and diarrhea in children under five in hospitals, based on scientific evidence. Once these recommendations have been developed, the plan is to train doctors in the hospitals in their use. Monitoring over time will show if the situation improves.

A report on the QI activities that have been underway in Zhezkazgan since spring 2002 was drafted and should be finalized over the summer. Key results include:

- Steady improvement in counseling skills on four contraceptive methods across all FGPs from round to round, with a particularly sharp increase after training;
- Increased contraceptive knowledge of clients; and
- Improved client satisfaction on a number of indicators, including the cleanliness of the FGP, the politeness of providers, getting answers to questions, and others.

The plan is to disseminate the results and lessons learned for replication during a seminar/workshop to be organized together with the Oblast Health Department.

The Kazakhstan Quality team and Dr. Bruno Bouchet, ZdravPlus Regional Quality of Care Director, held several meetings with key counterparts at the national level to familiarize them with internationally accepted concepts of quality improvement. These meetings involved Alexander Nersessov, Director of the Department for Treatment and Prevention of Diseases of the MOH, and Sergei Kim, Head of the National Center of Medical and Economical Problems. Another meeting involved Tulegen Togaibaev, Deputy General Director of the National Center for Health Care Control, Maksut Kalajanov, head of the Almaty Oblast Branch of the National Center for Health Care Control, Alia Urkenova, head of the Almaty branch of the National Center for Health Care Control and Manura Akhmetova, head of the “Arai” training center in the national Densaulyk. As a result, the following recommendations emerged:

- To train the 15 members of the guidelines development group in collaboration with EBM experts from Moscow; and
- To develop an agenda for the development of a QI policy, inspired by the process used in Kyrgyzstan.

Changes in the Ministry of Health have slowed progress on these issues since new working relationships need to be established.

Kazakhstan was well represented at the Central Asia Conference on Quality Improvement in Tashkent at the end of June and presented the results of the QI project in Zhezkazgan, which included the process of changing practices on Safe Motherhood (also in Zhezkazgan) and the role of consumers as demonstrated by the Diabetics Association in Kazakhstan. In preparation for the July regional training course on QI in Kyrgyzstan for teachers from higher education institutions, six professors from the Kazakhstan School of Public Health and the National Medical University were sent to see the QI pilots in Zhezkazgan and Karaganda. The purpose of these visits was to show them some possible approaches to QI, the attitudes of health workers toward QI, lessons learned and some best practices. These professors are expected to teach QI in their institutions when they return from the Kyrgyzstan training.

### ***Pharmacy Activities and the Drug Information Center (DIC)***

With the change in leadership at the MOH, ZdravPlus invested even more effort into working with Republican-level policy-makers on their pharmaceutical agenda. ZdravPlus' Pharmaceutical Specialist participated in the development of the pharmaceutical component of the National Health Care Reform and Development program for 2005 – 2010. And, at the request of the Government, the DIC provided the Center for Systems Research in the President's Administration with an assessment of the drug market in Kazakhstan, information on the Essential Drug List (EDL), and on pharmaceutical education.

In terms of drug quality, the major focus was on TB drugs. ZdravPlus participated in the organization of a national conference on TB Drug Quality, held in Astana in May. The conference presented the results of testing of TB drugs in the U.S. and in Kazakhstan. The tests showed that the drug samples were of good quality. They all conformed to the USP monograph, as shown by all laboratories, and to a microbial test from British Pharmacopeia (BP) monograph, as shown by two Kazakhstan laboratories. One of the important outcomes of that conference was a recommendation for centralized tendering for TB drugs which would facilitate the current decentralized procurement. Thus, an important political decision has been made to procure TB drugs through the Green Light NGO under WHO auspices and the International Dispensary Association (IDA) over the next three years at the national level. The Green Light procures free drugs for those countries which are consistent in implementing the TB-DOTS program. The IDA procures first-line drugs on beneficial terms to all countries as requested. It is assumed that while the TB drugs will be procured through these organizations to cover the country's needs, the regulative base, methodology, and procedures for procuring TB drugs from the oblast level will be developed and oblast level personnel will be trained.

Another important quality-related activity was work with the National Center for Drug Expertise (NCDE) on preparations for some workshops to help them set up a drug quality program. ZdravPlus is working with its partner, Boston University, and with IDA in the Netherlands on this activity and WHO is now also expressing interest in participating. Although it had originally been planned to conduct the first workshop in late spring/early summer, this had to be postponed, both because the NCDE has not fulfilled its commitment to have the laboratory equipment in place and because the WHO expert was unavailable. ZdravPlus considers that the participation of WHO in this activity will do much to help diffuse the political sensitivities around the issues of drug quality.

A major emphasis of ZdravPlus' work over the past six months continued to be on promoting rational drug use.

- The landmark development, as already noted in the section on EBM, was the approval by the prestigious Cardiology Institute, and then the MOH, of evidence-based clinical guidelines on hypertension. These guidelines were originally developed by the DIC in Karaganda. Now, ZdravPlus plans to work with the Cardiology Institute on dissemination and implementation of these guidelines.
- The DIC issued bulletins on treatment of fever in children, inpatient antibiotic use, antibiotics in obstetrics (especially for C-sections), and modern pro-biotics (drugs, which do not belong to the antibiotic group). A special information bulletin was produced titled, "Food Supplements: Their Role in the Modern Medicine." And the DIC became a member of the International Network of Drug Bulletins.
- The DIC finalized a study on the use of medicines in children under age five in the framework of IMCI. The data were collected through the audit of 173 patient charts of children with pneumonia, acute bronchitis, acute bronchitis with obstruction, Acute Respiratory Viral Infections (ARVI), and acute rhino-pharyngitis. The results were presented in a seminar for health workers in Karaganda Oblast. Major findings indicate routine

problems: incorrect dosages, polypharmacy, preferred prescription of injections, and unjustified use of antibiotics.

- A 10-day campaign on the prevention of hypertension was organized in Karaganda. A group of student volunteers actively participated in distributing brochures and stickers. The best volunteers received VIDAL drug manuals and blood pressure cuffs.
- Over the past six months, the DIC answered 481 inquiries, with 42 percent coming from physicians who were preparing clinical conferences. The main topics of interest were use of antibiotics in surgery, prevention of thrombosis in surgery, and cardio-vascular surgery. In their presentations at the clinical conferences, physicians were referring to the DIC. Forty percent of inquiries were from patients and concerned dosages, choice of medicines, indications, and side effects. Eighteen percent of inquiries were from pharmaceutical companies and pharmacists concerning scientific information on certain drugs.
- The DIC conducted a seminar on “Drug Use for the Elderly” for 25 pensioners with hypertension. The seminar addressed complications of hypertension, rational use of antibiotics, issues that should be discussed between doctor and patient, and generics versus brand name drugs. The seminar received good media coverage.

On drug selection, ZdravPlus provided technical assistance to the National Center for Drug Expertise in the development of regulations on the national Essential Drugs List (EDL) and formularies for health facilities. The DIC published the “Manual for Formulary Development” in January, for use by a range of health care specialists, including managers, practicing physicians, clinical pharmacologists and pharmacists, and medical students. And throughout the last six months, the DIC worked with the Oblast Health Department during the process of developing and updating hospital formularies.

The DIC continues to seek sources of funding and was successful in winning a grant from the Healthy Communities Grants Program to conduct a series of workshops for FGPs on various topics including EBM, WHO clinical protocols for hypertension, comparison of these protocols with those from Canada, Russia and Australia, issues of proper drug use, and techniques for record review for patients with hypertension.

ZdravPlus and DIC staff were honored to be able to present the results of their work on antibiotic resistance and drug pricing at the Second International Conference on Improving Use of Medicines (ICIUM) in Thailand. In mid-May, two staff members from the DIC were funded by AED to participate in the Uppsala/KILEN seminar on “Quality and Safety of Drugs” in Kishinev, Moldova. In addition, members of the DIC took part in the 2<sup>nd</sup> Conference of the Eurasian Network of Drug Information Centers (EDIN) in Almaty in June (see Regional). As a result of this conference, the DIC will receive funds from WHO and Health Action International (HAI) in order to conduct a drug pricing survey.

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## **Improving Resource Use**

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Over the past six months, the legal base for health finance reforms has been considerably strengthened creating better conditions for implementing the new provider payment systems nationwide. The outpatient drug benefits package has been approved nationally, encouraging primary health care development and a more rational utilization of health resources. Health Information Systems (HIS), supporting provider payment, continued to be developed along the following major avenues: (i) development of the national health information system conceptual framework; (ii) continued development of the advanced HIS in pilot sites for outpatient services to support population databases linked with clinical databases; and (iii) maintaining, upgrading and rolling out hospital information systems.

## ***Health Finance***

### **Provider Payment: Decree #806**

The revised Decree #806 “On the Order of Provider Reimbursement” has been approved by the Government. The Decree has a number of important changes. It introduces capitated payment for mixed polyclinics. It deletes expenditure items from the tariff structure giving more autonomy to health providers in managing their internal resources. Within the State Procurement (Goszakaz) system it introduces norms for the volume of hospital care for the entire oblast versus individual hospitals. This encourages free patient flow and competition among health providers.

### **Budget Programs Consolidation**

The approved Budget Code has created a legal base for pooling funds at the oblast level - one of the major technical conditions for effective implementation of the new provider payment systems.

### **Outpatient Drug Benefits**

The Outpatient Drug Benefits package (ODB) for children under age one has been approved nationally by Government Decree #674. The ODB package will cover common PHC-sensitive child diseases and encourage the use of PHC. The ODB will augment the implementation of IMCI strategy in the country and contribute to quality improvement. The Government plans to expand the ODB package to children under age 5 by 2005, with more diseases and conditions covered.

While the ODB package is going to be introduced nationally, Karaganda has been identified as a national pilot for developing and testing the required implementation procedures and mechanisms as well as for monitoring and evaluation. Based on the Protocol of Intentions signed between Karaganda OHD and ZdravPlus in March 2004, ZdravPlus will provide technical assistance in implementing the pilot.

To date, a Working Group under the OHD has been formed and a detailed Action Plan developed. Within this plan, a set of required reporting forms will be developed and tested, software programs designed, respective data collected, databases formed and maintained, and participating pharmacies identified. As part of the implementation process, drug retail pricing studies will be carried out and the tender process and bidding suppliers identified and drugs procured. The staff of the Oblast Health Department, PHC facilities, pharmacies, and the Pharmacology Committee will be trained. Importantly, the ODB package will be promoted to the population. Monitoring and Evaluation supported by the HIS will become an important element of the pilot project. It is expected that the results as well as lessons learned will be shared with other oblasts across the country. The implementation process has started according to plan.

### **National Health Finance Workshop**

In February, a national workshop titled “New Rules in the Health Care Financing System of Kazakhstan in 2004” was held in Astana under the MOH. The workshop was implemented through AED and ZdravPlus and addressed broad health finance implementation. Issues included:

- Changes and amendments to Government Decree #806, namely: financing rules and procedures for setting base rates, financing of hospital-substituting health facilities, capitated rate for mixed polyclinics, and others;
- Budget programs, namely, the new structure of budget programs resulting from budget consolidation;
- Pooling of funds at the oblast level and related issues: distribution of expenditures among budgets of different administrative levels, health information system support, and problems connected with pooling of funds; and
- Outpatient drugs benefits: the concept itself, related issues of state procurement, HIS support, monitoring and evaluation.

The workshop collected representatives of all oblast health departments and national level representatives. Following the success of the workshop and acknowledging the demand in the oblast for more information and training, the MOH has approached ZdravPlus with a request to organize similar regional seminars across Kazakhstan. In response, ZdravPlus has developed an implementation strategy with four regional training sites identified: Almaty, Karaganda, Ust-Kamenogorsk, and Uralsk (to be confirmed). These regional trainings in health finance issues are included into the AED training schedule.

### ***Technical Assistance to the Ministry of Health and the Government***

Following the April changes in the Government (see Introduction), ZdravPlus immediately connected with the new Ministry of Health and introduced the Minister and his staff to health reform concepts. A packet of ZdravPlus technical materials was presented to and accepted by the Minister of Health with much interest. Alexander Katsaga accompanied the Kazakhstan MOH's delegation, headed by the new Minister (Dr. Dosayev), on its official visit to Canada. At the MOH's request, materials on the Canadian health care system model were prepared. In the course of the tour, the Minister was introduced to USAID's programs and ZdravPlus's agenda; the potential for future collaboration was discussed. The Vice Minister of Health, Ardak Amangeldiev, has received continuous technical support in terms of information and "on-the-job training" in health care organization and financing issues.

Over the past six months, ZdravPlus has continued providing technical assistance on health finance issues to the MOH and beyond as necessary. The following specific analytical materials have been prepared: a document summarizing the international experience in eliminating parallel economy and recommendations; a paper on international experiences in using sex and age coefficients (adjusters) in PHC; proposals on PHC development as a top priority, and a paper on building economic relationships between PHC and other levels of the health care delivery system. Continued technical assistance (TA) in the form of analytical materials, reviews, consultations, and presentations was provided throughout the process of developing the Health Reform and Development Program (see Legal and Policy).

In May, a national-level delegation including the new MOH, Prime Minister's Administration, and President's Administration attended a regional conference on the Kyrgyz Experience in Health Care Finance Reform. The conference introduced the new team of the MOH and the Government to health reform experiences in Central Asia. Important meetings of ZdravPlus and WB with the MOH Vice Minister and others took place in the course of the conference. The World Bank and ZdravPlus introduced the Vice Minister to broad health reform issues. In turn, the Vice Minister shared his perspective and specific areas of interest including health information systems, the guaranteed benefits package, and national health accounts. After the above conference a follow-up meeting with Alexander Katsaga was held: all key health reform issues discussed in Bishkek were revisited in the context of the new health care development program. Also, a set of health finance materials including ZdravPlus's technical materials and international overviews were presented.

ZdravPlus continued collaborating with both the Prime-Minister's and President's administrations, significantly contributing to the Health Care Reform and Development Program. ZdravPlus technical materials were provided to all the parties. Specifically, at the request of the Systemic Research Center (SRC) under the President's Administration, materials on the issues of creating a single payer system have been prepared. ZdravPlus has also prepared selective analytical data on the experience and lessons-learned on health reforms in Kyrgyzstan and Russia and, in particular, the impact of the reforms on the efficiency of the health care system in those countries. Also, technical assistance in revising comments on the Health Care Reform and Development Program has been provided.

Promotion of health finance reforms through the Parliament continued. Key concepts of health care reform in relation to the new Health Care Development Program, the formation of the State Guaranteed Benefits Package, and drug procurement were discussed with Dr. Tutkushev (Senator).

### ***Collaboration with the World Bank***

ZdravPlus has continued collaborating with the World Bank, specifically:

- At the MOH's request, ZdravPlus has contributed to defining major areas for collaboration between the Ministry of Health and the World Bank. In addition, terms of reference (TOR) for a Technical Consultation with the World Bank on HIS have been drafted.
- ZdravPlus provided technical assistance to the World Bank in preparing technical materials on a single-payer system. These materials were used in a roundtable held under the Ministry of Economy.
- ZdravPlus contributed to the World Bank Mission in May. Alexander Katsaga briefed the Mission on the new Minister of Health and his team and took part in a roundtable with the Minister of Health, government representatives, and representatives of international organizations. An analytical overview of key concepts of the new Health Care Development Program and recommendations on preparing oblasts toward implementing the reforms were provided.

### ***Collaboration with Other Donors***

ZdravPlus continued collaborating with major donors and international organizations promoting health reform concepts and exposing organizations to the pilot sites' experiences.

- In April, ZdravPlus had a meeting with Michael Favorov (Director, U.S. Centers for Disease Control and Prevention) and Erik Baizhunusov (Prime-Minister's Administration) to discuss collaboration of ZdravPlus and the CDC with the government. Tuberculosis issues were also discussed
- Meetings with UNICEF were held to discuss joint ZdravPlus and UNICEF assistance to the MOH in developing a new model of the Guaranteed Benefits Package. ZdravPlus organized a study tour to Karaganda, introducing UNICEF to health finance and health information system reforms.

### ***Presentation to USAID on Health Finance***

Alexander Katsaga made a presentation to the USAID CAR Regional Mission (George Deikun) on the health finance system in Kazakhstan. The presentation focused on major functions of the health finance system and the legal framework for funding. In summary, Kazakhstan has established most of the legal framework to support effective implementing of oblast level pooling of funds and program budget consolidation, new market-oriented provider payment systems and patient choice. It has been emphasized that the Outpatient Drug Benefits Package is the key to shifting from inpatient to outpatient care and driving long-term restructuring of the health delivery system.

### ***National Health Information System (HIS)***

The development of the national health information system is one of the MOH's priorities. The new Program of Health Care Reform and Development emphasizes the importance of creating such a system and outlines the overall conceptual framework and major technical elements of such a system. A ZdravPlus technical team of information technology specialists has significantly contributed to the concept and technical design of the system.

- ZdravPlus has worked with the national "Densaulyk" on assessing software programs developed by Medinform and used in the national health information system. Specifically, a software program package called "Hospital" was assessed against the needs of provider payment systems and those of monitoring and evaluation. Requirements toward further refinement of the software program have been developed. The consensus reached on core

technical parameters of the information system to be used nationally is a step towards creating a national integrated health information system.

- ZdravPlus, in collaboration with Medinform, has implemented an AED-funded workshop “Information Systems and Their Role in Creating the Efficient Health Care Delivery System” in East Kazakhstan Oblast, Semipalatinsk, and West Kazakhstan Oblast. The major purpose of the workshop was to initiate the updated version of software programs and train staff to use the software accordingly. Within the workshop framework, technical aspects of pooling funds at the oblast level and the role of the HIS in supporting the health finance system were discussed. The workshop has significantly contributed to the development of an advanced integrated HIS.
- Discussions with the MOH on developing the national health information system continued. A meeting with Ardak Amangeldiev (Vice Minister of Health) was held and a number of joint activities on developing HIS were planned.
- The MOH is in the process of designing the HIS structure as part of the Integrated HIS Concept. At the MOH's request, ZdravPlus summarized the experience of Russia and other countries in creating Regional Health Information Centers (HICs). As the next step, standard documents on regional health information centers in the country were developed. Such centers will support implementation of pooling funds at the oblast level. Also, an “information letter” for Akims of all oblasts providing rationale for oblast level pooling of funds was drafted. The letter gave a detailed description of steps preparing oblasts' health care systems towards pooling of funds.
- ZdravPlus contributed to the HIS section of the 2010 Health Care Development Program through participation in the National Working Group.
- ZdravPlus contributed to the development of East Kazakhstan Oblast (EKO) Health Information Systems (HIS).

East Kazakhstan Oblast has been moving toward implementing the Diagnosis Related Groups (DRG)-based payment system for hospitals in the oblast. Over the past six months, the existing system has been maintained, software programs updated, and personnel trained. A summary of major activities is below:

- The consolidated database on treated cases continued to be maintained and developed;
- The DRG software program was upgraded and linked with Medinform-developed software products;
- The updated and upgraded software program supporting the DRG-based payment system was presented to the Oblast Health Department;
- Personnel were trained (see section above);
- Software programs supporting population databases were installed in family practices that have computers; and
- The HIS continued to be developed to support the PHC Monitoring and Evaluation Project in East Kazakhstan. Targets for designing an information system for PHC monitoring purposes have been set. The Ambulance Station software program has been updated to ensure successful implementation of the PHC monitoring and evaluation program in Ust-Kamenogorsk.

### Zhezkazgan Modular Health Information Systems (HIS)

The development and testing of modular HIS continued. ZdravPlus HIS specialists and the CHD discussed the HIS implementation process and identified further steps. An Implementation Plan of Action to prepare the CHD toward assuming full responsibility for maintaining the HIS, starting in the summer of 2005, has been developed. The technical work proceeded along the following major directions: software designing, data collection, development of standard reports, and supervision of pilot health facilities. Those activities are summarized below:

#### Software design

- The HIS module supporting collection and processing of data on chronic patients' follow-up treatment has been completed. Respective output (reporting) forms have been designed. The module is being tested on the Zhurek FGP base.
- Design of the data exchange module has progressed. The data structure has been further detailed and the data exchange module supporting integrated HIS has been refined.
- A program module allowing reconciliation of the central population database and facility-specific population databases (Zhurek FGP as an example) has been designed. The module allows timely updating of the population enrollment database as necessary.
- The 'old' software program supporting data collection on discharged cases, as well as consolidated data on health services provided by polyclinics, has been re-formatted from Access 2.0 to Access 97. The reformatting enhances technological capacities of the software program for introducing new changes as necessary. Simultaneously, the input data processing technology has been improved allowing faster data processing for generating various reports on a timely basis for the City Health Department (CHD) and other needs.

#### Data Collection and Maintenance

- The collection of data on visits to pilot health facilities (Zhurek, Karatal, Ambulance, Tilman practice, Makenbaeva's practice, City Pediatric Polyclinic, and the Maternal Home) has continued. The program software for collecting data on visits has been maintained.
- The development of output forms based on the visits database has continued. Technical tasks for programmers to develop output reports for the needs of the Maternity Home, Ambulance, and other organizations continued to be developed.
- Data generated through the implementation of the Safe Motherhood Project continued to be processed and output reports produced as necessary.
- Primary Health Care Monitoring data continued to be collected and processed.

#### Supervision of and Assistance to Health Providers

- The selected pilot facilities continued to be consulted and monitored in data form completion as one of the major technical conditions for the appropriate operation of HIS.
- At the request of the City Health Department and FGP Association, a ZdravPlus information technologies senior specialist (Sidorenko) supervised information technology specialists hired by those organizations. The purpose of such technical assistance is to ensure technological continuity of maintaining HIS by the CHD with the gradual reduction of ZdravPlus's technical assistance over time.

Reportedly, FGPs expand using the HIS's capacities in their operational activities. Thus, FGPs have started using the accumulated data for developing the so-called Family Passports. The simplified process has encouraged physicians to fill out newly-introduced forms timely and accurately.

### Karaganda Integrated Health Information Systems (HIS)

The ZdravPlus regional team of HIS specialists and programmers has continued work on developing the Karaganda Integrated HIS. The current HIS maintains huge databases serving the provider payment, quality, and monitoring and evaluation needs of the oblast. Much effort is being made to upgrade the system technologically by designing, integrating, and adapting advanced software products developed through ZdravPlus's technical assistance. The major activities over the past six months and products are summarized below:

- The data exchange module continued to be developed. Currently the data exchange module is being tested in real time mode exchanging data between the Health Information Center under the Oblast Health Department and Densaulyk Health Information Center. The test is carried out based on the Population Database and the Health Facilities Register.
- The Population Database module program software has been further refined enabling registration of additional data on newborns. The refined software program has been successfully tested. Major output (reporting) forms based on the additional information on newborns, have been created jointly with the OHD's specialists. The forms have been approved by the OHD.
- More changes have been made to the HIS "Health Facilities Register." Operators have been trained accordingly. Discussion and planning on the further development of the health personnel database (the Health Facilities Register module) have been carried out.
- The formation of the Oblast Health Facilities Register has been started.
- The design for the HIS module for generating reports (Form #12) has been completed.
- A second version of the software program module for collecting data on pregnant women has been completed based on the initial test results. A centralized data entering process has started.
- A new reporting form for treated patients has been developed.

### East Kazakhstan Oblast (EKO) Medical Information Center

The OHD and ZdravPlus have discussed the issues of further development of the Medical Information Center (MIC) of EKO and agreed on a strategy and further steps in developing an advanced and integrated HIS in the oblast. The MIC has significant technical resources and potential. In many ways, it sets a positive example of HIS development for the entire country. In 2004, the MOH recommended creating similar centers in all oblasts. However, the currently used software programs are outdated and do not meet the requirements of the new provider payment systems, statistical reporting, hospital-level paper flow, and up-to-date analysis including monitoring and evaluation. These issues considered, the Oblast Health Department (OHD) and ZdravPlus have agreed on the following:

- Update the existing software programs integrating advanced technical elements developed by ZdravPlus and Medinform;
- Promote the updated software program package to the national level. This will give the entire country access to a software program package supporting efficient pooling of funds at the oblast level and provide payment; and
- Develop through training the capacities of technical and health personnel employed in the health care system.

Over the past six months, Medinform, supported by ZdravPlus, has installed the upgraded software programs "Hospital" and "Polyclinic" throughout the oblast. In the course of the implementation

process, preliminary meetings, as well as a roundtable with heads of statistical departments, were held and implementation issues discussed. A respective training course was organized.

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## **Legal and Policy**

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### ***National Level Developments***

The past six months have been very important with respect to legal and policy development.

ZdravPlus had to respond to rapid changes at the national level. It quickly linked with the new Ministry of Health and forged alliances with National Government agencies to ensure consistency in the health policy. As a result of huge efforts, the National Health Reform and Development Program, developed by the MOH, now incorporates the key conceptual and technical elements of health reform which are supported by ZdravPlus. In this context the following major events took place:

### ***National Health Reform Working Group under Marchenko***

ZdravPlus contributed to the National Working Group under the former Vice Prime Minister Marchenko, tasked with the development of a conceptual framework for health reform. At the request of the Prime Minister's Administration, ZP prepared a package of technical documents outlining conceptual foundations of health reform. ZdravPlus also prepared a number of proposals, comments and analyses of international experiences in health finance and broader health care development issues. Under the new Ministry of Health, the Conceptual Framework was used as a base for developing the National Health Reform and Development Program.

In mid-February, a Working Group meeting led by Prime Minister D. Akhmetov was held. The Program of Health Care Development before 2007, drafted by the MOH and submitted to the Government for consideration, was discussed and generally approved.

### ***Health Care Development Program Before 2010***

The State Health Care Development Program before 2010 has been developed based largely on Marchenko's Conceptual Framework. The Final Draft Program reflects major achievements in health care reform achieved so far and reflects the following major objectives: institutional development, health finance reform envisaging pooling of funds, budget program consolidation, new provider payment systems, PHC development, a health care delivery system with gradual development of mixed polyclinics and family group practices (giving oblasts flexibility in making decisions on their own regarding the choice of PHC models and implementation pace), and a gradual transition to general hospitals. ZdravPlus, along with major international donors, has been invited to participate in the National Roundtable discussing the program. All participants emphasized consistency, comprehensiveness, and good technical quality of the program. It is expected that the program will be finalized and approved by the President by the end of summer. ZdravPlus will continue to monitor and contribute as necessary.

### ***Collaboration with Donors***

ZdravPlus continued policy dialogue with donors focused on the New Health Reform and Development Program.

In January, ZdravPlus took part in a roundtable with government representatives and donor organizations (UNDP, UNFPA, World Bank) discussing issues related to health care system development. At the request of the Government, ZdravPlus prepared a document on major areas of ZdravPlus activities in the country.

In February, ZdravPlus participated in a meeting on developing a 2004 joint country strategy of UNICEF and the Kazakhstani Government. ZdravPlus provided information on the major areas of collaboration with the Ministry of Health on health finance issues.

### ***Oblast-Level Policy Dialogue***

In June, a meeting with Dr. Kabykenov (Zhezkagan Health Department) was held in Almaty. Dr. Kabykenov summarized health reform results over the last year outlining key issues to be addressed: continuous clinical training of family doctors as a major precondition of quality of care improvement; health information systems development; strengthening prevention; and population education on health issues. Dr. Kabykenov confirmed his adherence to comprehensive health reforms and requested that ZdravPlus consider his concerns and ideas in the context of future collaboration.

### ***Primary Health Care Monitoring and Evaluation***

#### **Karaganda Oblast**

Monitoring and Evaluation projects for PHC continued in Maikuduk Urban District and were expanded to Temirtau and Saran.

- In January a meeting with the Temirtau CHD was held. The monitoring and evaluation of PHC facilities in the city were discussed.
- In April a meeting on replicating the PHC Monitoring and Evaluation system in Saran was held.
- In March an expanded meeting of a PHC M&E joint working group was held in Karaganda. Implementation issues were discussed.
- The monitoring and evaluation process in Maikuduk has continued. The collected data on provision of health care to children under 5 has been processed.

#### **East Kazakhstan Oblast**

The PHC Monitoring and Evaluation Project progressed in Semipalatinsk according to plan:

- In December a meeting on further joint activities in implementing PHC monitoring and evaluation in Semipalatinsk was held in Ust-Kamenogorsk.
- In March an expanded meeting of a PHC M&E joint working group was held in Semipalatinsk. The group discussed progress and implementation issues.
- In May a working group meeting on PHC monitoring and evaluation was held in Semipalatinsk.

## **UZBEKISTAN**

### **Six-Month Report**

### **January – June 2004**

#### **COUNTRY SUMMARY**

Although Ferghana Oblast continues to be the primary pilot site for ZdravPlus in Uzbekistan, activities of the Project, especially on supporting improved resource use by the PHC facilities through financing and management reforms, have now expanded to seven out of thirteen regions of the country. The overall focus of the activities undertaken to improve resource use in Ferghana was to:

- Consolidate further and sustain the rural PHC financing and management (F&M) reform processes already implemented throughout all 17 rayons in the oblast this year;
- Continue to improve the knowledge and skills of the PHC managers;
- Provide limited technical assistance (TA) on operating the rayon computer centers and population databases;
- Pilot the new hospital information system;
- Implement preparatory work on the new pilots on urban PHC reform and new payment mechanisms for hospitals;
- Plan the new pilot for a SVP performance monitoring report; and
- Continue collaboration with related authorities to encourage ownership in the reform process.

The Oblast Hokimiyat and Health Department were very supportive and committed to implementing the roll-out of PHC F&M reforms to all rural areas within the oblast. With the inclusion of the last three rayons (Bogdad, Rishtan and Sokh) in October last year, all 17 rayons in Ferghana Oblast are now covered by the F&M reforms. Therefore, beginning in January 2004, there has been oblast-wide coverage of rural PHC F&M reforms in Ferghana, with 273 PHC facilities operating under the per capita finance and management model and serving 66 percent of the population in Ferghana Oblast. Success of the rural PHC reform model in Ferghana has prompted the Uzbek government to approve additional roll-outs to selected rayons in Khorezm Oblast and Republic of Karakalpakstan within the ongoing World Bank funded Health Project, and plan for a nationwide replication within the follow-on World Bank loan project “Health II” and the ADB loan project “Woman and Child Health Development.”

ZdravPlus’ population involvement activities over the past six months have continued to focus on educating the population about health and on empowering people to be more proactive in health care decision-making. For health promotion campaigns, ZdravPlus staff continued to apply the successful strategy of utilizing multiple avenues to disseminate key health messages. Meanwhile, new directions were taken to cultivate greater self-sustainability of health centers through distribution of the “Modules for Community Health Education” and trainings on grant proposal writing. In addition, two new projects were initiated to foster community mobilization: the Local Health Promotion Initiative Groups and the “model village.” ZdravPlus’ activities to market the reforms have moved forward with the printing of a Health Reform booklet for health professionals and the drafting of a brochure on the Patients’ Bill of Rights.

The Oblast Health Promotion Working Groups (HPWG) continue to play an important role in disseminating health information. During the past six months they have been active in developing campaigns against tobacco use, hepatitis, and STIs. In Ferghana Oblast, the HPWG also began work to reintegrate teenage girls from a behavior-correction school back into society.

All the efforts put into Interpersonal Communications Skills (IPCS) training are beginning to pay off. An assessment of IPCS over the past six months has demonstrated that doctors, nurses, and health center staff are applying their skills and knowledge within the workplace and as a result, are having better dialogue with the population.

The quality improvement strategy for Uzbekistan continues to follow three main directions:

- The promotion of evidence-based practices through the establishment of an Evidence-Based Medicine (EBM) Center and the development of Clinical Practice Guidelines (CPGs);
- The implementation of pilot Quality Improvement Projects (QIPs) that focus on priority clinical care conditions for which the CPGs are being developed; and
- The development of a Republican capacity in quality improvement and management, through the involvement of a working group on quality and the training in Quality Improvement (QI).

Over the past six months, significant progress was made on all these fronts. First, the EBM Center was officially established through a prikaz of the Tashkent Institute for Advanced Medical Education (TIAME) and the first guidelines on anemia were finalized. Second, the three clinical care improvement projects in Ferghana are being institutionalized, replicated to all primary care facilities of three rayons, and extended to Central Rayon Hospitals. Finally, a regional training course on QI has been designed, which involves six trainers from TIAME and the Tashkent Medical Institute II (TASHMI-II).

## SUMMARY OF ACTIVITIES

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### Population Involvement

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#### *Health Promotion Campaigns*

During the past six months, one major new health promotion campaign was launched on breastfeeding and two existing campaigns, Acute Respiratory Infections (ARI) and diarrhea, were revitalized and re-run. In addition, health promotion materials on STIs and antibiotics were developed, printed and distributed and a brochure on health reform for health professionals was finalized and printed. Meanwhile work has continued on the development of a campaign on hypertension and on health promotion materials for the Patients' Bill of Rights. ZdravPlus has continued its health promotion expansion into Andijon Oblast.

The Breastfeeding Campaign entitled "Mother's Milk Is a Gift of Nature" was launched at the end of March, with the goal of promoting exclusive breastfeeding for the first six months of life. The campaign included a new 45-50 minute soap opera, four TV spots and four radio spots, a new theatre performance, one brochure, one flyer, two posters, four newspaper articles, and four newspaper advertisements on the topic of breastfeeding. All of the activities were supported by IPCS trainings. For example, health center trainers held seminars and meetings with young mothers and mothers-in-law to provide information about breastfeeding. SVPs organized open-house days during which the doctors and nurses met with young mothers and with mothers-in-law to promote exclusive breastfeeding. Both the health centers and SVPs used the information education and communication (IEC) materials that were developed for the campaign. The campaign ran for six weeks, broadcasting video and audio materials on five local TV stations and two radio stations in Ferghana and Andijon. It is estimated that the campaign reached two million people in Ferghana and Andijon Oblasts through TV, radio, newspapers, IEC materials, and interpersonal communication. Initial feedback on the campaign is encouraging. For example, the director of "Mulokot," a private TV Station in Qoqon, stated that the station has received many calls from people praising the soap opera on breastfeeding, which was, according to calls from the audience, full of useful information and support for the Uzbek tradition of breastfeeding. The director also mentioned that they have received a number of phone

calls from owners of grocery stores who have complained about the soap opera because baby formula sales have gone down.

The ARI campaign, featuring a soap opera, TV and radio spots from the previous campaign (December 2001-February 2002), and three new TV and radio spots, ran for six weeks, broadcasting the TV materials on four local TV stations and two radio stations in Ferghana and Andijon Oblasts. It is estimated that some two million people in Ferghana and Andijon Oblasts were reached through TV, radio, newspapers, IEC materials, and interpersonal communication. In addition, the soap opera and TV spots were intensively broadcast on two National TV Stations: Channel “Yoshlar” and Channel “First.” These two stations broadcast the soap opera and TV spots for a number of weeks after the official end of the campaign because they recognized the importance of the materials. The additional TV and radio spots addressed key IMCI danger signs and were developed based on the results of the 2002 Knowledge, Attitudes, and Practices (KAP) survey which revealed that knowledge of IMCI danger signs remained relatively low after the campaign.

A rerun of the diarrhea campaign was implemented in June for a six week period (through mid July). In preparation for the rerun of the campaign, scripts for three new TV and radio spots on diarrhea were developed featuring new key messages. The new key messages were developed based on findings from the 2002 and 2003 KAP surveys. This new diarrhea campaign featured the 2002 Soap Opera, TV, and radio spots as well as the three new TV and radio spots. The video and audio materials were broadcast on local TV and radio stations in Ferghana and Andijon Oblasts. Health centers, SVPs, NGOs, schools and other partners were actively involved in the implementation process.

Development of a health promotion campaign on hypertension is well underway. After the drafting

## ***Health Centers***

In a step towards fostering sustainable health promotion activities within health centers, ZdravPlus printed and presented the final version of the “Modules for Community Health Education” to the Ferghana and Andijon Oblast health centers. There were 21 participants during the presentation and 58 copies of the module were distributed to the participants and health centers. In addition to providing health centers with the modules, ZdravPlus provided training on Participatory Community Appraisal (PCA) and “How to Develop Projects on Health and Health Promotion” with directors and other staff of Ferghana and Andijon Oblast health centers. The primary objective for this training was to teach health center staff how to identify health problems in their rayons using PCA tools and how to address the identified problem through obtaining grants from international organizations.

ZdravPlus also continues to provide short monthly training courses to the health centers in Ferghana and Andijon Oblasts. Training sessions so far this year have included STIs, HIV/AIDS, how to use the health modules, Adult Learning Techniques, and nutrition for mothers and children. Topics for the next series of trainings include hypertension and patient rights and responsibilities. Regular monitoring of and support for the health centers of Ferghana and Andijon Oblasts on health education will continue. Over the next six months, the focus will be on encouraging the health centers to organize Local Health Promotion Initiative Groups in their rayons using the Community Health Education Module for trainings.

## ***Local Health Promotion Initiative Groups (LHPIG)***

In January 2004, ZdravPlus launched a new initiative to foster greater collaboration and cohesion among health centers, SVPs, and their respective communities: the LHPIG. This pilot program was implemented in three rayons in each of Ferghana and Andijon Oblasts for a total of six local health promotion initiative groups. Each group consists of a doctor and patronage nurse from the SVP, the mahalla committee chairman, a representative from the mahalla women’s committee, other mahalla members, and a health center instructor. The main goal of the groups is to involve the community in the SVP’s health promotion activities and to develop joint health promotion activities for the health center and SVPs.

The first series of two-day trainings for the LHPIGs included sessions on team building skills and breastfeeding. In each of the trainings there were 25-28 participants from the mahallas and SVPs. The joint activities developed by the LHPIGs after the training went very well, with promotion of breastfeeding occurring within homes as well from mahalla leaders and health workers.

In anticipation of the re-launch of the Diarrhea Campaign, the second training session focused on prevention of diarrhea and preparation of Rehydron (ORS) at home. It was a one-day training during which information on prevention of diarrhea and dehydration was provided, including a demonstration of how to properly prepare ORS and a viewing of the Diarrhea Campaign TV spots.

Organization of these groups has brought the community together. Not only are SVP doctors thinking about health, but mahalla activists, elders, religious women, and teachers are also talking about health issues and disseminating health information during meetings, in chaikhanas (tea rooms), women’s parties, and at schools. On a recent visit to one of the pilot sites, ZdravPlus staff learned that mothers now visit their doctor for a consultation not only when their children are sick, but also when they want to know more about how to take care of the child, how to prevent illnesses, when they need information on proper nutrition, and when to get vaccinations. In addition, the population of the pilot sites has started to show more respect for their SVPs; many people now understand that they can get health information not only from the rayon central hospital, but also from their SVP doctors and nurses in their own villages. In Andijon Oblast, the LHPIGs have been particularly successful when the patronage nurse coordinators have been invited to participate. Several members of the LHPIGs have been so impressed with their own results that they have offered to share their experiences with other villages.

### ***Health Promotion Working Groups***

From January 27 to February 29, the Ferghana Oblast Health Promotion Working Group conducted an anti-tobacco action titled, “Future without Tobacco” in Ferghana City. The campaign included drawing, photo, and composition contests among school children, an exhibition entitled “I don’t smoke because...,” health lessons on “Bad Habits” within the schools, and anti-tobacco TV spots developed by a local NGO. The Health Promotion group developed and distributed a booklet and leaflet on the topic “Future without Tobacco.” The youth of Ferghana and Qoqon were actively involved in conducting this campaign through the organization of a “humorous contest” between the Ferghana and Qoqon Cheerful and Smart Clubs (youth groups). The contest created a challenge for youth to come up with jokes on the consequences of smoking and ways of preventing smoking. The contestants were invited to share their jokes at a large Youth Show during which about 1,000 young people from Ferghana and Qoqon participated.

The Oblast HPWG has been actively involved in Ferghana Oblast through development of a camp for teenage girls from a behavior-correction school (for youth offenders) and launching two health campaigns. The camp, entitled “If you are not indifferent to your future, join us!” was organized to empower the teenage girls for their future development with health knowledge and general life skills. The girls were provided with training on a number of topics including hygiene and sanitation, proper nutrition, STIs, HIV/AIDS, drug addiction, reproductive health, convention of child’s rights and declaration of human rights, as well as vital life skills. ZdravPlus Project materials including session plans from the Modules for Community Health Education and Health Curriculum as well as health promotion brochures, posters, and soap operas, were used in the trainings.

The two health campaigns focused on: 1) hepatitis prevention among children less than 16 years of age; and 2) STI prevention. The hepatitis campaign included a roundtable on hepatitis with government leaders and other organizations, a health fair for parents and school-age children, and development and distribution of posters and brochures on hepatitis prevention. The goal of the STI campaign was to inform youth, particularly students and prostitutes in Ferghana, about STIs. Posters and brochures about STIs were developed and distributed in places where youth gather such as discos, night bars/clubs, and game clubs in Ferghana. In addition, 30 prostitutes were trained as outreach workers. They were given condoms (donated by Population Services International (PSI)) and brochures for distribution to other prostitutes and their clients.

### ***School Health***

The school health curriculum for grades 1-8 developed by ZdravPlus and CAFE’s Andijon Development Center was finalized and has been published in limited quantity by ZdravPlus. The printed copies will be distributed to the Education Departments in different oblasts of the country. Negotiations with Republic Health Institute have been initiated to use this curriculum in the Healthy Schools Program of the WHO pilot schools.

### ***Model Village***

In response to a USAID request for the development of a “model village,” ZdravPlus, in collaboration with Mercy Corps/Community Action Investment Project (CAIP), identified a village, Katta-Tagob, in the Uzbekistan District of Ferghana Oblast, to introduce a comprehensive program to address diarrheal disease. Katta-Tagob is a village with a population of about 3,626 people who are serviced by one water source located about three kilometers from the center of the village.

Baseline research for the model village project has been completed, including a survey on hygiene and diarrheal disease (N=100, ages 18-49) conducted by the health center staff of Uzbekistan rayon and four focus group discussions on diarrheal disease with community members conducted by Association of SVPs (ASVP) staff. Results of the survey confirm that access to potable water is problematic for Katta-Tagob as 45 percent of those interviewed use surface water as a principle drinking source. Fifty-five percent of respondents indicated that they get their water source from another village and 34 percent from another mahalla. Among all the people surveyed, 100 percent

store drinking water in their households but only 39 percent boil the water. Overall, diarrhea prevention behavior and knowledge was low: of the 80 percent who claimed to have used soap in past 24 hours, only five percent used soap for hand washing after defecating, one percent before feeding children, and two percent before preparing food. When asked what can be done to prevent diarrhea, nine percent indicated that hands should be washed before food preparation, 20 percent indicated washing hands after using the toilet, 12 percent stated having clean drinking water, eight percent said to wash hands before eating, and 29 percent said to wash fruit and vegetables. Most of those interviewed were not clear when to take a child with diarrhea to a health care provider and only 18.3 percent of those asked knew that a child can die from diarrhea due to dehydration. For the question on how much fluid a child with diarrhea should be given, 32 percent responded, “more fluid than usual” and 53 percent responded “as usual.” Thirty-one percent of the respondents indicated that a child with diarrhea should be given antibiotics and 37 percent indicated they should be given Rehydron. The data obtained from the focus group discussions confirm the results of the survey.

Projected activities for the model village include the drilling of a well, installation of potable water pipes and taps every 300 meters along the mahalla streets and asphaltting the mahalla roads (to be conducted by CAIP). In addition, in light of the research findings, ZdravPlus, in collaboration with CAIP’s Health Promotion team, will conduct the following health promotion activities: training of SVP “Begavot” staff (doctors and nurses) on IMCI Third Component, organizing mother support groups in SVP “Begavot,” organizing a Local Health Promotion Initiative Group, organizing a summer camp in local school #37, organizing meetings with the population of Katta-Tagob on hygiene and diarrhea, and provision of Information, Education, and Communication (IEC) materials.

### ***Interpersonal Communication Skills (IPCS) Training***

In 2003, ZdravPlus developed the foundation for IPCS training for service providers and health educators in Uzbekistan through numerous training sessions on IPCS. Although ZdravPlus’ training on IPCS has been limited to Ferghana Oblast, by the end of 2003, IPCS training was institutionalized by TIAME into their 10-month General Practitioner training. In the first half of 2004, ZdravPlus sought to assess the impact of IPCS training through monitoring and evaluation of the IPCS of trained professionals. A checklist (to assess IPCS skills, knowledge, use of support materials, and attitudes) and a client survey were developed. The assessment plan included monitoring of two people from each of ten SVPs where training took place (one doctor and one nurse for a total of 42) and one to two people from health centers or NGOs (16 people) on how they are using IPCS in their work. In addition, a total of 74 patients were interviewed to assess their perspectives on interactions with their health care providers.

Results of the assessment demonstrate that the trained doctors and nurses are using their IPCS skills: the average IPCS score was 88 percent for doctors and 84 percent for nurses. Both the doctors and nurses scored particularly well on the following: showed respect for the patient, understood the patient’s values and standards, made the patient feel welcome, and asked questions that the patient could respond to. However, both doctors and nurses frequently forgot to use nonverbal language, use humor appropriately to make the patient relax, and use praise when the patient made good points.

Assessment of IPCS knowledge demonstrates that doctors overall have a higher level of knowledge than nurses. For doctors, the average knowledge index is 79 percent compared to 53 percent for nurses. Almost all of the doctors presented accurate information and kept communication brief and simple (this was verified by the interviewed patients). However, only a few doctors and nurses check their patients’ understanding of information or how they would use the information given in practice.

Only 48 percent of the doctors and 32 percent of the nurses used support materials. When asked why, the most frequent response was that there are not enough materials in SVPs. This is unfortunate, as results from the patient interviews indicate that in general, patients find the support materials such as brochures and leaflets helpful.

In response to the question, “What changes did you observe in the health worker’s attitude to patients during the last two years?” patients typically gave positive responses such as the following: “His/her attitude has always been good,” or “His/her attitude was good, but now he/she’s communicating more and better” and “It has changed positively. His/her attitude when seeing patients improved” and “He/she’s a good doctor, but in recent years he/she changed to better after he/she completed studies. He/she is our true friend.”

Assessment of the health center trainers shows that the trainers are effective in using IPCS (with an average score of 83 percent) and that they use support materials (average score of 83 percent). The knowledge index showed that all the trainers presented accurate information and continuously asked the group if they had any questions. However, measures for providing complete information, exploring the group’s existing knowledge and presenting information/explanation based on previous experience of the group are low. Evaluation of the health center trainers has demonstrated that overall health center trainers have a good attitude towards communication and to questions asked of them. Also, they show a high level of enthusiasm for work.

The results of this assessment demonstrate that intensive IPCS training of doctors, nurses and health center staff has had a positive impact on how health care providers interact with their clients. However, a number of areas were identified that need strengthening for future IPCS trainings including that specific trainings are needed for nurses to improve their knowledge on breastfeeding, anemia, hypertension, ARI, and diarrhea. It is also recommended that a system be developed to ensure that SVPs have support materials, such as all ZdravPlus IEC products.

## ***Reproductive Health***

### **Reproductive Health Training**

The institutionalization of Reproductive Health (RH) training into the 10-month GP training program in Uzbekistan is well underway. The eight-day curriculum for GP trainers, including both theoretical and practical skills, was developed in collaboration with TIAME and the Uzbekistan Medical Pedagogical Association (UZMPA). Between December of 2003 and March 2004, a total of 64 participants, including GP trainers and ob/gyns, have completed the course. Trainings have taken place in Bukhoro and Tashkent with participants from Andijon, Bukhoro, Samarqand, Nukus, and Urgench. Upon completion of the course, each trainee received a full set of teaching materials including a teaching manual, slides, reference books, and a video. The average pre- and post test scores showed increase from 72.1 to 91.3 percent in RH skills and knowledge of the GP trainers.

Follow-up visits have been conducted with all trainees in order to assess how the trained trainers are teaching RH. Results indicate that overall the trained trainers are performing well during teaching. However, it was noted that the current three-day training course on RH for GPs is hardly sufficient and recommendations were made by the GP trainers to extend the course into a five-day program with particular emphasis on patient counseling and more practice sessions. Discussions were held with TIAME and the World Bank “Health Project” to explore the feasibility of extending the RH training to five days and it was agreed that the training would be extended to four days. In collaboration with the GP trainers, the course will be rewritten.

### **Midwife IUD Insertion Project**

In October of 2003, ZdravPlus launched a pilot IUD insertion training project during which 11 midwives from Soh Rayon and 13 from Yozyovon Rayon were trained by the Uzbekistan Medical Pedagogical Association (UZMPA) and the Reproductive Health Center. The training emphasized skill acquisition and practice to ensure client safety. Each midwife was given an IUD kit and within the communities of the newly trained midwives, a number of health promotion activities took place to inform the population about the new services available through their midwives. Pre- and post-test scores of the midwives from both rayons indicate that they learned a great deal during the training: in Yozyovon. The average pretest score on IUD services was 44.8 percent and went up to 81.2 percent in the post-test; in Soh, the average scores were 22.4 percent for the pre-test and 82.9 percent in post-test.

Results of the follow-up visits to the trained midwives are very encouraging with midwives in both Soh and Yozyovon demonstrating overall improvement in counseling as well as IUD insertion and removal skills. The follow-up visits included skills check-lists on IUD insertion and removal and knowledge. Unfortunately, however, a number of the trained midwives from Soh are not practicing because they were sent to hospitals where they are not allowed to perform IUD insertions or removals. Results of the visits with the midwives who have been able to utilize their training are as follows: the average score for IUD counseling before IUD insertion increased from 79.7 percent on the first visit to 90.7 percent on the second visit and was up to 94 percent on the last follow-up visit. IUD insertion skills improved from an average score of 86.0 percent to 88.4 percent and to 91.4 percent respectively on the three follow-ups. Counseling skills after IUD insertion went from 91.7 percent to 93.5 percent to 98.1 percent on the respective visits. With regards to IUD removal, the average score on the first follow-up was 90.3 percent, was 94.6 percent on the second follow-up and 100 percent on the third follow-up. Family planning counseling skills also improved over time with the midwives scoring an average of 75.0 percent on the first follow-up, 85.2 percent on the second and 91.0 percent on the third follow-up.

In Yozyovon, the trained midwives are overall seeing an increase in the number of clients and results of the follow-up visits indicate that their IUD insertion and removal skills also continue to improve. One midwife during the latest follow-up visit stated, “We don’t have an ob-gyn in our SVP, so before women had problems if they needed an IUD inserted. Now I can do this procedure on my own, without any problems. The women are very happy.” Specific results of the follow-up visits are as follows: the counseling before IUD insertion scores improved from an initial average score of 94.2 percent to 97.1 percent on the second visit and to 98.8 percent on the third follow-up. IUD insertion skills have also improved from a score of 90.6 percent to 94.0 percent (for both the second and third follow-up). Counseling skills after IUD insertion increased from an average of 95.5 percent to 96.2 percent and to 97.5 percent. With regards to IUD removal, the average IUD removal score was 96.0 percent on the first follow-up and increased to 98.8 percent on the second and remained about the same, 98.5 percent on the third visit. Family planning counseling skills improved with an average score of 96.6 percent on the first follow-up, 97.9 percent on the second, and 98.8 percent on the third follow-up.

In conjunction with the follow-up visits, the first of two client satisfaction surveys was undertaken in collaboration with the research department of the Institute of Obstetrics and Gynecology. In Yozyovon, 50 women, who had an IUD inserted within one month after their midwife had received training, were interviewed and in Soh, 16 women were interviewed. The results indicate that 90 percent of the interviewed women in Yozyovon and 94 percent of the women in Soh made the choice themselves to have an IUD inserted. However, in Yozyovon 20 percent of the women indicated that their midwife recommended having an IUD (compared to 0 percent in Soh). All of the women interviewed in Yozyovon responded that they were told about other methods of contraception prior to having an IUD inserted by their midwife compared to 56.3 percent in Soh. These results are consistent with the results of the first follow-up visits, which indicated that the average family planning counseling skills of the Soh midwives was only 75 percent. With regards to whether the midwives asked questions about their client’s health history or whether they talked about side effects and warning signs, the midwives in Yozyovon were overall more thorough than those of Soh. All of the women in Yozyovon were “fully” satisfied with their midwife compared to 81.3 percent of the women in Soh. The second client satisfaction survey will be conducted in July 2004 and it will be interesting to see if the improvement in the Soh midwives IUD skills will be reflected in the survey.

#### Safe Motherhood

The Safe Motherhood (SM) project in Yozyovon rayon in Ferghana Oblast is now underway. Participants from Yozyovon roddom and SVPs received a series of WHO trainings on Safe Motherhood between October 2003 and February 2004. The first course focused on obstetrics and included six ob-gyns and 16 midwives from the maternity department of Yozyovon Central Rayon Hospital. The second and third courses centered on outpatient care and were attended by 18 SVP

doctors and 30 midwives. These two courses were conducted by a WHO consultant working together with two Uzbek trainers: an ob-gyn from the Tashkent Perinatal Center and a midwife from Navoiy. The fourth course focused on essential newborn care and breastfeeding and was conducted by a WHO consultant from Lithuania, a breastfeeding expert from Kazakhstan, and a local trainer. Twenty-four participants from Yozyovon roddom attended the fourth training including neonatologists, ob-gyns, midwives, and patronage nurses.

Each of the four training sessions lasted eight days, including practical sessions. In general, participants were eager to implement SM approaches in their practices and came up with concrete plans on how to go about doing so. Recommendations proposed at the end of the trainings include: making services less medicalized, encouraging families to be more involved in the pregnancy, and childbirth experience, and reducing routine, unnecessary procedures. As part of the SM project in Ferghana Oblast, ZdravPlus will provide basic equipment for neonatal resuscitation to Yozyovon Central Rayon Hospital and will distribute brochures on SM to the hospital and SVPs for women and families.

The SM brochures that will be distributed include three types of information booklets on prenatal care. They were pre-tested among the population of Ferghana Oblast and changes have been made accordingly. Discussions with the Project HOPE/Maternal and Child Health (MCH) “Healthy Family” project have been held to solidify collaboration on the production and printing of the brochures.

#### Contraceptive Logistics

Distribution of USAID-donated contraceptives has come to an end as supplies of all methods are exhausted. The final surplus of oral contraceptives, 100,000 cycles, was distributed to Sirdaryo, Navoiy and Khorezm Oblasts in agreement with the MOH. The calculations for distribution were made according to contraceptive use in the oblasts and expiration dates of the pills. The success of the ZdravPlus contraceptive logistic system was noted by the MOH and they requested assistance in rolling-out the system to other oblasts in the country.

#### ***Healthy Communities Grant Program***

The third round of the Healthy Communities Grant Program (HCGP), administered jointly with Countrpart International, took place in June. The Grant Review Committee approved 13 projects from all over the country. Projects include: ensuring early diagnosis of congenital hip dislocation (NGO World of Women and NGO Healthy Family Center, Samarqand), preventing complications from diabetics (NGO Umid D, Samarqand), sanitation and hygiene, preventing acute enteric infection among children (NGO Barhayot, Urgench), sanitation and hygiene in mahalla (NGO Veronix, Khiva), reproductive health and preventing STIs (Uzbek Association of Reproductive Health, Namangan), sanitation and hygiene, providing clean drinking water (NGO Insan, Nukus, Karakalpakstan and NGO Eskulap, Qoqon), patient rights (NGO Hilol, Quva), sanitation and hygiene, construction of a sewage system (NGO Mohlaroyim, Qoqon), promotion of healthy life styles, reproductive health and preparing teenage girls in special educational institutions for adult life (ASVP and NGO MICADO, Ferghana), training women in nursing skills (NGO Kamilla, Angren), family planning (NGO HAKK, Bostanlik, Tashkent Oblast), sanitation and hygiene, and building public toilets (NGO Tarakkiyot, Termez).

In May, the second round of the HCGP took place. In total, 10 projects were financed in the second round of the program. In Bukhoro, a project of the Bukhoro Oblast Association of Children’s Physicians was successfully completed. The goal of this project was to train trainers among mid-level personnel of Primary Health Care Practices (PHCPs) of four pilot rayons of the oblast. In Jizzak Oblast, an NGO Bayoz project on reproductive health was implemented. In Tashkent Oblast, a project on establishing children’s sports and health-improving center was successfully implemented, conducted by NGO Bunyodkor Ayol. In Samarqand, three projects were effectively implemented – NGO Doctors for Children implemented a project aimed at the prevention of anemia and promotion of rational nutrition, NGO Umid implemented a project on training disabled girls in nursing skills,

and NGO Forum implemented a project on motherhood and childhood illnesses. In the Karakalpak Republic, NGO Insan initiated a project on providing potable water to rural population. In Khorezm Oblast, NGO Yangi Avlod successfully completed a project on establishing a children's medical-consultative center. Two projects were successfully realized in Ferghana Oblast, NGO UARZ implemented a project aimed at the prevention of smoking among schoolchildren, and NGO Mikado did a project on promotion of healthy life styles among children with disabilities.

As part of technical support provision, ZdravPlus trained NGOs on health education. Trainers of grantee organizations participated in the training. The training was held in Ferghana and lasted five days. In the course of the training, the participants gained skills and knowledge on teaching adults, working with modules on Health Promotion, received consultations on health care issues, and on working with health related projects. In addition to the training, grantees received full sets of ZdravPlus health promotion materials related to the topics of their projects.

### ***Other Support for Local Nongovernmental Organizations (NGOs)***

At the end of 2003, upon NGO request, an electronic mailing list of NGOs in Uzbekistan was started. Preliminary composition of subscribers and an information distribution mechanism was developed starting from May 2004. Any NGO of the republic can inform other NGOs of Uzbekistan about their activities and special events and plan and coordinate their activities in a timely manner. More than 80 subscriber NGOs systematically receive news and information about important events in the health sector, updated health information, and health sector news. In addition, they have full access to an electronic library for NGOs, which contains electronic versions of more than 90 books and brochures on various topics of the third sector. The library is updated with new publications on a monthly basis.

Additionally, a series of meetings of youth NGOs and NGOs working with youth were held. Existing problems were discussed, the needs of youth NGOs and NGOs working with youth in the health sector were assessed, and several meetings with employees of youth NGOs were held. At present, the activities are carried out on this direction. Expansion of the scope of the NGO Network is planned and a new direction emerged – work with youth NGOs on Health Promotion.

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## **Quality Improvement**

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### ***Evidence-Based Medicine and Clinical Guidelines and Protocols***

A major achievement from January-June in Evidence-Based Medicine (EBM) was the official establishment of an EBM center in Tashkent, the first one in Central Asia. Since guidelines have been finalized, the center has grown and gained strength.

With the assistance of an EBM expert from Moscow, Oleg Storozhenko, the Center developed and tested clinical practice guidelines (CPGs) on iron-deficiency anemia in women and children. The guideline is being completed and publication is expected in July.

The Center learned how to conduct a consensus conference at which local experts review medical evidence retrieved from international data sources and then approve CPGs. The Center is now organizing its second consensus conference on hypertension guidelines and it is also developing a manual to describe the guideline development process in an effort to institutionalize the EBM Center's work.

The Center is developing a brochure to promote EBM and advertise its services to potential clients, including the Ministry of Health.

Finally, the Center identified two candidates to fill the position of librarian and EBM teacher. The EBM Center of the Moscow Academy will provide training for this staff. After the training, the Tashkent Center will have five staff, including its director.

The Center is quickly developing the capacity it needs to be able to sustain its operations despite a slow start. ZdravPlus contributed technical support on developing a Quality Improvement (QI) strategy along with a budget to support the Center and the development of EBM materials and will continue supporting three positions (on a part-time basis) until spring of 2005. By this time, both the Asian Development Bank's (ADB) "Women and Child Health" Project and the World Bank "Health II" Project should be in place and able to provide support as needed to the EBM Center.

### ***Quality Improvement Projects (QIPs) in Ferghana Oblast***

After the October conference held in Ferghana to disseminate the results of the first year of QI projects, the three projects on hypertension, anemia, and IMCI were extended to three rayons. The quality monitoring system was simplified and institutionalized, and activities moved up to three central rayon hospitals.

The standards and the quality monitoring system have been replicated to all 62 primary health care facilities of the three rayons of Quva, Toshloq, and Yozyovon. The results (run charts) that are available now include all facilities.

The quality monitoring system was institutionalized through a computerized database now managed by the rayons and oblast statistical departments. These departments produce, every month, the information that QI teams and providers need to measure their performance against standards and make changes in the system.

ZdravPlus provided training for the Ferghana Oblast quality management team in the interpretation of run-charts, root-cause analysis, and decision making, using a job-aid that was developed to facilitate monthly meetings on quality.

Quality of Care was measured through three quality assessment surveys performed in the central rayon hospitals of the pilot rayons for QI and the results were used for the initiation of QI activities focusing on three conditions: iron-deficiency anemia in women of reproductive age, adult hypertension, and child pneumonia. The results are being finalized and the report will be published soon. Three central rayon hospitals (CRHs) were exposed to QI concepts and the preliminary results of the surveys were presented to Oblast Health Management and CRH chief physicians. As a result, a quality improvement action plan was developed and the CRHs have started to implement short-term changes to address simple issues identified through the survey (correct treatment of the three diseases).

The results of the QIPs were published in the first issue of the "Journey to Quality," a newsletter produced in Ferghana to document and disseminate results and identify challenges and the changes needed to address them.

ZdravPlus provided QI teams following best practices with supplies and equipment relevant to their projects.

The results continue to demonstrate significant improvements in the diagnosis and treatment of patients with the three conditions mentioned. This is the result of two types of interventions that are the core of our QI strategy: 1) providers' self-assessment of performance against standards; and 2) implementation of changes in the system of care. Examples of such changes include:

- Purchase (by the Oblast) and calibration of the Sali equipment need to measure hemoglobin, which resulted in a more accurate diagnosis of anemia, revealing that the actual incidence of anemia is 50 percent lower than was previously diagnosed;
- Use of the iron tablets, available in Quva Rayon from humanitarian aid, to treat patients with anemia, not just distribution of prophylactic dosages;

- Establishment of a screening process for hypertension in each SVP, resulting in the early identification of this cardiovascular risk factor in about eight percent of patients, a figure consistent with the results of the UHES 2002; and
- A high level of provider's performance against IMCI standards as a result of performance based training and the IMCI record form which reminds providers of the standards of care for children under the age of five.

Despite these encouraging results, teams are struggling with the implementation of changes made at the republican level by prikaz which counteract changes implemented through QIPs. For example, every pregnant woman with mild anemia is instructed to be hospitalized, a decision that is not supported by evidence.

The next important step is to organize a meeting focusing on oblast-wide replication of the processes, changes that have been tested in the three pilot rayons, and addressing issues that would require changes of a larger magnitude. An example of the latter would include setting up follow up services where patients with hypertension would receive the tests they need to assess severity and risk factors, something that only happens for 40 percent of patients at the moment.

### ***Building Capacity in Quality Management and Improvement at the Republican Level***

After establishment of the Republican Working Group on Quality in 2003 under the previous First Deputy Minister, initial enthusiasm decreased and the absence of new leadership resulted in a lack of concrete activities for this group.

The issue of leadership was addressed through a strategy to build the capacity of a few trainers in QI. ZdravPlus is developing a regional course where three trainers from TASHMI-2 School of Public Health and three trainers from TIAME will be trained to deliver a two-week course in QI to current and future managers of the overall health care system and individual facilities (oblast and rayon health departments and heads of hospitals and PHC facilities). These managers, in turn, would be able to initiate and manage similar QIPs.

A republican working group still has an important role to play, especially in linking central decision-making (prikazes) and field implementation of new practices and services. ZdravPlus will take the opportunity at the First Central Asia Conference on Quality Improvement in Health Care, which many members will attend, to encourage the group and then to follow up with them on results and recommendations coming out of the conference, as well as recommending some of those who attended the conference for membership to this group.

### ***Working with Asian Development Bank (ADB) and the World Bank on their next Health Projects***

ZdravPlus provided assistance in the design of QI components for both projects, making sure that support and funding are provided to the EBM Center and for the implementation of QIPs. In particular, it was suggested that the two projects pay for trainings of managers in the oblasts where they work using the QI training capacity that will be developed in July.

### ***Bishkek and Tashkent International Medical Center - General Practitioner Training Courses***

As a result of positive feedback from participants, the monthly mini-residency program in Bishkek for GP trainers has continued over the past six months, increasing the understanding of roles and responsibilities of GPs and enhancing their clinical and teaching skills. Eight GP trainers from the different Medical Institutes throughout Uzbekistan participated in this program. Participants each saw almost 140 cases, many of them together with expert family medicine consultants from the Scientific Technology and Linguistics Institute (STLI).

In addition, two of the GP trainers attending the program in Bishkek are from the newly developed GP training centers of Khorezm and Nukus Medical Institutes and have recently participated in a month-long residency at the Tashkent International Medical Clinic (TIMC) to improve their clinical expertise and competency. They were both very positive about their experience in Bishkek and at TIMC and felt that they had gained new knowledge for teaching and acquired new practical skills.

### ***General Practitioner Curriculum Review Meeting***

Continuous quality improvement is the main strategy used by ZdravPlus in assisting newly developed GP training centers. Looking in depth at the 10-month curriculum developed for the retraining of doctors within the framework of the World Bank's "Health" Project, ZdravPlus sited the need to update and standardize the curriculum. Several meetings were held with the participation of GP trainers from GP Training Centers, representing each of the main Training Centers throughout Uzbekistan along with specialists from ZdravPlus and a British family doctor. In the short term, the aim is to standardize the courses across the various training centers, share learning resources, make the courses more symptom-based and case-oriented, and to introduce such modern learning concepts as objectives, outcomes, and stipulations for interactive teaching methodologies. The longer term objective is to form a committee which will function to assess and improve the courses in order to reach international levels of competency and standards for practicing family doctors. In addition, there are plans to make the course material available for adaptation and implementation in the undergraduate medical education curriculum, enhancing the quality of the doctors who are currently qualifying to be GPs.

### ***General Practitioner's Association and General Practitioner's Bulletin***

The GP Association of Uzbekistan was accorded legal status in April. Despite the time that has been needed to accomplish this (several years), the Association has been quick to take action. With technical support from ZdravPlus, they have already begun to publish a regular Bulletin on common medical conditions in both Russian and Uzbek. Results from pre- and post-tests on teaching modules contained within the bulletins are returned to assigned regional coordinators who in turn post them back to the GP Association, where the results are analyzed. Simple prizes such as stethoscopes are offered to encourage doctors to read and participate in the test and to motivate district coordinators to call meetings to discuss the Bulletin. The Association analyzes the returned test papers for two main reasons: 1) they provide a method of reviewing how well the GP's knowledge improved as a result of reading the Bulletin and doing the questions; and 2) by providing proof that the Bulletin is useful to physicians, it may help them obtain sponsorship from interested organizations such as drug companies and other donors in the future. The first edition of the Bulletin addressed Anemia and was very well received. The second edition, on hypertension, has been published and the third, on Acute Respiratory Infections (ARIs), and fourth, on diarrhea, are in production. The Bulletin describes EBM approaches to diagnosis, treatment and prophylaxis of all of these conditions. A number of Medical Institutes participated in the production of the bulletin, which was reviewed and edited by the GP Association Initiative Committee.

### ***Anemia/Rational Nutrition Training Module***

To ensure the long-term continuation of anemia and rational nutrition training, ZdravPlus has facilitated institutionalization of the Anemia and Rational Nutrition courses in all Uzbekistan medical institutes. The last two courses were held at the TASHME I and Nukus Medical Institutes. Eighteen staff members from each institute were trained, including six people from the GP departments, six from pediatrics, and six from other departments. Training manuals were provided for the institutes for the ongoing training of students. Moreover, in collaboration with other donors, ZdravPlus is seeking to train all PHC workers in Anemia/Rational Nutrition in Uzbekistan. Recently, ZdravPlus prepared Master Trainers for the project "Perzent" in Karakalpakstan and project "Hope" in Surkhandaryo and Kashkadarya. Those two projects have already started to train PHC doctors in their own oblasts using the ZdravPlus developed module. Thus, not only PHC doctors but also the

population of these oblasts will be better informed on Anemia/Rational Nutrition, which is a major health problem in Uzbekistan.

### ***Hospital Level Integrated Management of Childhood Illnesses (IMCI)***

ZdravPlus actively participated in the revision process for a new IMCI module for hospital level staff. This involves adapting the original WHO standard hospital module to conditions in Uzbekistan. ZdravPlus held three meetings with Project HOPE, the IMCI center of Uzbekistan, IMCI center trainers from the oblasts, and representatives from various medical institutes. As a result, it was decided to assign each organization and institute a part of the module to work on. Translation of the final draft of the IMCI teacher's module into the Uzbek language has been completed. Currently, ZdravPlus, together with other counterparts, is working on the curriculum of the training of trainers (TOT) module.

### ***Rural Clinic Level IMCI***

As a result of the Quality Improvement pilots, it has been found that many doctors do not use the IMCI methodology because they do not have the answer forms. This is mostly due to a lack of funds for the continued provision of such forms. The medical education teams have therefore developed a non-paper form which can be used to record the answers to the IMCI questions directly into the notes using a plastic template. Trials of this are planned over the next few months.

### ***Institutionalization of the Laboratory Training in Medical Colleges***

As a part of the further implementation of the laboratory training module into the curriculum of the medical colleges, ZdravPlus organized a workshop for the review and finalization of the ZP-developed training manual on laboratory services. The current situation in the field of laboratory services in Uzbekistan does not meet the requirements of both health care providers and consumers. The lack of equipment and an insufficient system of continual medical education for laboratory specialists and an inconsistent supply of reagent makes for a difficult situation. ZdravPlus, together with laboratory services of MOH and Center for Diseases Control (CDC), decided to finalize the existing module and to introduce the WHO Laboratory training module into the curriculum of medical colleges. In addition, ZdravPlus developed a short, clinically oriented three-day training course for the master trainers at TIAME which was well received and will now be used to retrain GPs throughout the country.

### ***General Practitioner Retraining***

In view of the fact that physicians should receive as much experience in family medicine (FM) as possible, ZdravPlus invited a family doctor to help GP training centers. Volunteer Dr. James Tomlinson, a family doctor from the UK, has begun to meet with GP trainers, assess the capacity of the training centers, and help to further develop the retraining curriculum. He also participated in seeing patients at polyclinics attached to various GP training centers throughout the country and is using this experience to provide additional practical clinical training to the current group of physicians training to become GP trainers.

### ***Nurse Retraining***

A rayon coordinators meeting was held in April to discuss nurses' role in organizing medical services for the population, their current level of work, their implementation of experience gained from ZdravPlus trainings on "Essential Newborn Care and Breastfeeding" and "Safe Motherhood," and on improving nurses' work as per the December MOH prikaz #332 "On improving nursing care." The coordinators concluded that the nurses' role in organizing medical services for the population at the PHC level is significant: they are heavily involved in preventative and public health awareness activities, working with women of reproductive age, and overseeing pre-physician care. However, at its current level and volume, the PHC nurses' work remains considerably behind the requirements of the prikaz. The coordinators stated four requirements that need to be met in order to meet the objective of bringing the nurses up to the required level:

- Organization of continuing education courses for PHC nurses;
- Developing and approving a unified educational program for nurses;
- Developing a legal normative document with allows for such trainings to take place at the oblast level; and
- Solving issues regarding payment for labor.

A comprehensive educational program of 12 components was outlined which included not only practical nursing skills and knowledge of common conditions relevant to PHC, but also working within the community on public health issues, knowledge of the population and risk groups, and how to conduct self assessments. In order to realize such an ambitious program, the coordinators identified these four steps:

- Organize separate rooms for working with the population and for pre-physician examinations (as detailed in the prikaz);
- Develop a single program of trainings for PHC nurses;
- Select nurse trainers and develop legal documents for regulating their performance; and
- Equip training centers.

Major next steps include taking these recommendations to the OHD and working to identify further strategies.

### ***Activities of the Ferghana Drug Information Center***

During the past period (October – April) 627 practicing physicians participated in seminars covering the following topics:

- Analyzing results of a survey monitoring the prescription of medications by primary health care facility (PHF) physicians in five rayons, identifying problems and techniques of solving them;
- Rational use of medicines – recommendations from WHO materials;
- Modern aspects of pharmacotherapy of essential hypertension; and
- Antibiotic therapy in the practice of PHC physicians.

Currently, preparation of the fifth issue of the “Drug Bulletin” is being carried out.

Preparing material has been completed for the next round of trainings on the following topics:

- Ischemic cardiac disease; stenocardia and modern pharmacotherapy.
- Antibiotic therapy in outpatient practice.

### ***ZdravPlus Works with Operation Provide Hope in Andijon***

ZdravPlus has assisted the Andijon Oblast Health Department in training PHC staff on using the equipment sent through Operation Provide Hope. Six seminars, each in a different district of Andijon, were conducted by professional GP trainers on the use of the Operation Provide Hope equipment. The training focused particularly on the use of the supplied otoscope set. The doctors were also informed about ongoing health care reforms at the PHC level.

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## Improving Resource Use

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By the end of last year, the phased-in roll-out of the rural PHC finance and management reform model was fully completed in the three pilot oblasts (Ferghana, Navoiy and Sirdaryo). The per capita finance model featured greater management and financial autonomy for the PHC facilities. The reforms started in 45 rural PHC clinics within three rayons in Ferghana Oblast in 1999 and in 2001 extended to 63 more rural PHC clinics in three rayons each in Navoiy and Sirdaryo Oblasts. Over the past four years, the reform model has continued to evolve and expand and currently covers 540 rural primary health care facilities throughout all 37 rayons in Ferghana, Navoiy and Sirdaryo Oblasts and serves around 2.7 million people (one tenth of Uzbekistan's population).

Thus, 2004 signifies the beginning of oblast-wide coverage of rural PHC facilities by the per capita finance model in the three pilot regions. The main focus of ZdravPlus activities in health financing, health management and health information systems were aimed at supporting this massive operation. Furthermore, and prompted by the successful pilots in Ferghana, Navoiy, and Sirdaryo, the Uzbek government has planned to roll out the rural PHC finance and management reform model nationally. This process has been initiated this year with the expansion of the per capita finance approach to another 47 rural PHC facilities in three rayons in the Republic of Karakalpakstan and 48 facilities in three rayons in Khorezm Oblast. A second focus was to provide technical assistance to this new phase of geographical extension of the rural PHC finance and management reform outside the initial three pilot regions.

Therefore, over the past six months, key activities in health financing were focused on:

- Supporting the oblast-wide coverage of rural PHC financing and management (F&M) reforms in the three initial pilot oblasts;
- Providing technical assistance on the expansion of the rural PHC F&M reform model to six additional pilot rayons in Khorezm Oblast and Republic of Karakalpakstan as part of the national roll-out;
- Continuing to implement preparatory activities in Andijon and Surkhandaryo Oblasts toward the planned roll-out and carry out the planning work on the urban PHC reform pilot in Marghilon City in Ferghana Oblast; and
- Continued collaboration with the World Bank and Central Project Implementation Bureau (CPIB) on the current Health Project in analyzing implementation status of the ongoing activities; and
- Extending technical expertise to the World Bank, Asian Development Bank and Uzbek counterparts in the overall design of upcoming loan projects, namely the "Health II" and "Woman and Child Health Development" (WCHD) Projects, respectively.

Health management activities were focused on:

- Conducting technical seminars for health and finance managers in new pilot sites on the per capita finance approach and extending limited TA to the training seminars on basic management and financing for the financial managers of the newly-included PHC facilities;
- Developing training modules and manuals on various health management topics; and
- Implementing special studies on critical operational issues relating to ongoing health financing and management reforms.

ZdravPlus' activities in health information systems (HIS) and monitoring and evaluation (M&E) were focused on:

- Continued technical assistance (TA) to the MOH and Republican Information and Analytical Center (RIAC) in completion of the International Classification of Diseases Version 10 (ICD 10) materials in the Uzbek language;
- Supporting operation of the population database (PDB) in old pilot sites and setting it up in the new pilot rayons by providing training to PHC facility staff and rayon computer personnel on population enrollment, use of the PDB, and basic computer applications;
- Initiating the pilot of a new hospital information system in three CRHs in Ferghana Oblast (Toshloq, Yozyovon and Okhunboboyev); and
- Implementing the preparatory work toward a new pilot on a SVP/PHC facility performance reporting system.

### ***Health Financing and New Provider Payment Systems***

#### **Oblast-wide Coverage of Financing and Management Reforms**

ZdravPlus technical assistance was provided to the Oblast Health Departments (OHDs) in the three initial pilot oblasts - Ferghana, Navoiy and Sirdaryo - in calculating the rayon contributions to the oblast PHC pool, ascertaining the per capita rate for 2004, and modeling the operational budgets of the reformed PHC facilities. The per-capita rate for rural PHC facilities in Ferghana Oblast has been fixed at 1,831 UZ soums this year, compared to 1,615 last year and 1,305 in 2002. The per-capita normatives in Navoiy and Sirdaryo Oblasts this year amount to 2,835 and 1,839 UZ soums, respectively. Completion of the oblast-wide expansion has resulted in a remarkable increase in the coverage of reformed PHC facilities and allocations to these facilities. For example, there are now a total of 273 rural PHC facilities in Ferghana operating under the per-capita financing approach, covering 66 percent of the oblast's total population, 138 such facilities in Navoiy Oblast cover 67 percent of its population, and 129 in Sirdaryo Oblast serving 60 percent of the population. The average share of funds allocated to these facilities this year amounts to around 22, 19, and 27 percent of rayon health budgets in Ferghana, Sirdaryo and Navoiy Oblasts, respectively.

As a part of analyzing the per-capita financing system, data for 2003 on actual financing and expenditures in the pilot rural primary care facilities in Ferghana and Navoiy Oblasts were collected, processed and analyzed. Although problems were still observed with regard to the regularity of fund disbursements and higher allocations for Chapter 4 (non-salary recurrent expenses), the overall trend exhibited improvements in terms of timeliness of financing and compliance with the initial capitated budgets. The computerized software program developed and operationalized at the OHDs by ZdravPlus to monitor financing and expenditure of the PHC facilities proved to be highly useful to such analyses.

#### **National Roll-Out of the Rural PHC Reforms and Planning the Urban PHC Reform Pilot**

Beginning this year, per capita PHC financing has been introduced to 48 rural facilities in Hodjili, Amudari and Turtkul Rayons in Republic of Karakalpakstan and 47 within Urgench, Khiva and Kushkupur Rayons in Khorezm Oblast. As part of the technical assistance provided to initiate the national roll-out of the rural PHC F&M reforms in these new pilot sites, ZdravPlus experts completed data collection and analyses of actual budget financing of PHC facilities for the last two years. Results of the analyses and their implications for estimating the capitated rates were presented and reviewed in local participatory workshops. Accordingly, decisions were made on the base capitation rates, populations enrolled with each pilot PHC facility were ascertained, and budget modeling and simulations for the rural PHC facilities were completed, taking into account the needed adjustments for sex, age and size of their respective catchment populations. Per capita rates have been fixed at 1,539 UZ soums in Karakalpakstan (for April-December, 2004) and 1,600 in Khorezm (for January-December, 2004).

Similar analyses were completed for three rayons each in Andijon (Boz, Ulugnor and Hadjabod Rayons) and Surkhandaryo (Termez, Muzrabod and Djarkurgan Rayons) Oblasts. These two oblasts

are to be included in the national roll-out process under the World Bank's "Health II" project. ZdravPlus continued to work during the reporting period on the preparatory activities for the urban PHC F&M reform model in Marghilon in Ferghana Oblast. Analyses of actual budget financing of city polyclinics were re-considered, with the incorporation of data from the past year. ZdravPlus F&M specialists have also initiated work with the Tashkent City Health Department on the urban pilots.

#### Technical Support for the Design of World Bank and Asian Development Bank Health Projects

ZdravPlus experts continued to collaborate with the MOH, WB and ADB on finalizing the design of the financial and management component of the upcoming loan projects, namely the "Health II" and "Woman and Child Health Development" (WCHD) Projects, respectively. Inputs were specifically focused on health financing, management, information systems, and related regulatory (legal and policy) issues.

### ***Health Management***

#### Health Management Trainings and Seminars

Two training seminars were conducted during the reporting period for the rayon health and finance managers in the Khorezm and Karakalpakstan pilot sites to impart them with the technical skills of estimating the per-capita rates and preparing the PHC budgets. A total of 20 rayon managers were trained in these seminars. Also, limited technical assistance was provided to Health Project Central Implementation Bureau (CPIB) in organizing the introductory management training courses for the 95 newly recruited PHC financial managers in the Khorezm and Karakalpakstan pilot sites. These introductory training courses were previously conducted by the ZdravPlus Project. But based on the training module and materials developed by ZdravPlus, these training programs have now been institutionalized within the local medical institutes and training centers.

#### Development/Update of Training Modules and Materials

Over the last six months, efforts were streamlined to complete and disseminate a number of training materials and manuals. The following training materials have been completed and finalized recently: "Accounting for Budgetary Organizations" (in Russian, Uzbek and English), "Introductory Management for Financial Managers" (in Russian and Uzbek), and an updated version of the "Practical Manual for PHC Managers" (in Russian). Work continues toward the completion of three more reference materials on "Financial and Management Reforms in the Health Sector", "Strategic and Business Planning of PHC Facilities and their Financial Analyses" and "Administration and Personnel Management in PHC Facilities."

In addition to those training materials and manuals, a number of technical reports and documentation notes were completed and disseminated. Among them are technical reports on "Study of the SUB (Rural Outreach Hospital) service systems in Navoiy Oblast in Uzbekistan: Issues for future reforming"; "ZdravPlus training seminars on advanced health management for the Financial Managers and Head Doctors of the rural PHC facilities and the Rayon Financial Coordinators" (June 2001-May 2003) and "ZdravPlus-organized practical training programs in health administration at the Tashkent International Medical Clinic for the Financial Managers of the rural PHC facilities" (June 2002-May 2003).

#### Special Studies on Critical Operational Issues of the Rural PHC F&M Reform Model

To examine the operational aspects of a number of critical issues relating to the F&M reform model, and thereby support a more optimal implementation of the national roll-out of per-capita finance and management approaches, a number of quick studies have been designed and implemented during the past six months. The findings of these operations studies will provide feedback for the relevant decision-making process with ground-level evidence and perspectives, and strengthen evidence-based decision-making practices. Such studies include:

- An assessment of financial managers' work load and the issues in multiple PHC facilities being served by one financial manager;

- A management training needs' assessment for the PHC managers, in light of the actual work they perform/need to perform in the reformed PHC facilities;
- An assessment of Chapter 4 (non-salary recurrent cost) requirements for optimal functioning of the PHC facilities;
- An analysis of the use of capitated budgets by reformed PHC facilities; and
- An analysis of the deposit fund accumulation process in the reformed PHC facilities and use of deposit funds on facility and service development activities.

## ***Health Information Systems***

### **Collaboration with Republican Information and Analytical Center (RIAC) on Uzbek ICD-10 Materials**

The final variant of the International Classification of Diseases Version 10 (ICD-10) materials translated into Uzbek language, along with the ZdravPlus-developed software for conversion of the disease codes according to ICD-10, has been completed. Final review and editing of the materials by the MOH Terminological Committee was finished. Currently, the HIS team is preparing both paper and CD versions of ICD-10 for dissemination and handing over to the RIAC/MOH and other interested organizations.

### **The Population Database**

Technical assistance was continued in the organization of computer centers, setting up the population database in new pilot rayons in Khorezm and Karakalpakstan, hiring and training of the data entry operators, and training in data collection for the population database. During the past six months, a total of 30 health personnel were trained in data collection techniques and computer applications. HIS specialists have completed institutionalization of the Population Database (PDB). Mature pilot sites are now implementing all related activities in updating and maintaining the PDB, with limited TA from ZdravPlus. The PDB computer program and user manual prepared and disseminated by ZdravPlus is being extensively used by the counterparts in installing and operating the PDB.

### **Implementation of a New Hospital Information System Pilot**

The pilot of a new hospital information system, designed to better understand information needs at the hospital levels and prepare for expansion of financing reforms to the hospitals, was initiated in January in three CRHs in Ferghana Oblast. The new hospital information system (developed and installed with technical assistance from ZdravPlus) specialists will allow collection of all information related to a case-based hospital financing system. Based on the existing routine hospital discharge data, this system provides basic information on the number of hospitalizations, diagnoses, number of beds, length of stay, and operations and procedures, as well as information on the facility that referred the patient to the hospital. Although designed primarily for financing purposes, the new hospital information system can be used for a broader range of tasks, including analysis of morbidity, referrals, quality indicators, etc. Being connected to the PHC facility level information systems, it could further provide a comprehensive picture of the health services within the rayons.

### **Planning Work on the New Pilot for SVP Performance Monitoring**

The planned SVP/PHC Facility Monitoring Report will serve as an information tool to provide the heads of PHC facilities as well as rayon level managers with fast and reliable information on key indicators of the PHC facilities' performance. This short report will be based on data which is already being collected by the facilities and will include only major indicators on PHC sensitive conditions, services provided, maternal and child health, and preventive work. Submitted to the rayon information center on a monthly basis, these indicators will be entered into the computer database and fed back to the facilities in the form of a comparative analysis across the rayon and individual SVPs. At the present time, this information will be used primarily for local-level decision making, but in the future it is expected to become a part of the integrated health information system, vertically connected to the central rayon hospital level and horizontally to other rayon level healthcare structures.

Joint technical group meetings with CPIB and RIAC counterparts were organized in Ferghana during the reporting period to agree on the preliminary list of indicators for the pilot on the proposed computerized SVP monitoring report. The preliminary list of indicators is currently being finalized in discussions with relevant agencies at the republican and oblast levels.

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## **Legal and Policy**

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Finance and management specialists and a ZdravPlus legal consultant took part in a series of policy dialogues during the past six months and provided extensive technical inputs to CPIB and MOH on the drafting of the legal documents (Cabinet of Ministers' Resolution) that will serve as the basis for the planned nationwide roll-out of the rural PHC finance and management reforms, new pilots for case-based provider payment systems for hospital services and restructuring, and F&M reforms for the urban PHC sector. The first drafts of these legal documents were put together by ZdravPlus specialists and are currently being reviewed by the national working group. Also, an analysis was completed on research into the inter-connections between oblast-pooling of health funds and the existing Uzbek laws on Local Government and Budget Systems.

### Co-Sponsoring Joint Working Group Meetings

Four meetings of the Working Group on Health Financing and Management were held in the past six months. The following issues were addressed:

- F&M implementation status in the three initial pilot oblasts and two new oblasts;
- Expansion of the financial pilot to additional rayons and oblasts (registration of PHC facilities as legally independent entities, facility budget development and approval process, and training and hiring of new financial managers and financial coordinators);
- Preparation of the PHC budgets for 2004 in Ferghana, Navoiy, and Sirdaryo Oblasts;
- Budget modeling for 2004 for the pilot PHC facilities in Karakalpakstan and Khorezm;
- Strategies for fine-tuning and solidification of the ongoing reforms in financing and management; and
- Recommendations on future financing and management reforms of hospital and urban PHC facilities.

Further, ZdravPlus F&M and information specialists attended a series of meetings with the MOH, MOF, MOE, CPIB and RIAC officials to provide technical input into the national roll-out model and the new pilots on urban PHC and hospital provider payment systems. A presentation was made by ZdravPlus at a MOH meeting in this regard and a roundtable was organized jointly with CPIB/MOH, WB and ADB.

## **TAJIKISTAN**

### **Six-Month Report**

### **January – June 2004**

## **COUNTRY SUMMARY**

From January to June 2004, the ZdravPlus team in Tajikistan continued its planned activities in the four project components. In January, the ZdravPlus Tajikistan program moved to a new office location with better facilities and within walking distance of the Ministry of Health, which has facilitated and complimented our expanding program and close collaboration with MOH personnel.

ZdravPlus continued to play a leading role in the fields of Health Financing (HF) and Family Medicine (FM) and took on an intensive role in donor coordination. In particular, many issues related to FM implementation were taken up to the wider audience of the donor community and an understanding was achieved as to how to approach FM implementation. ZdravPlus' technical input was seen as a major asset for the Tajik FM program, and donors such as the Asian Development Bank and Sino (a Swiss funded project), agreed that ZdravPlus should play a leading and coordinating role in this area. ZdravPlus technical expertise also played a pivotal role in the activities of the Health Finance Working Group (HFWG) and Tajikistan is now well on its way to adopting the *Strategy of Health Care Financing* reform and a plan for implementation.

The team, together with ZdravPlus staff from Almaty, participated in the Health Reform Conference organized by the Tajik MOH and the World Bank which took place in April. This was an opportunity to underline the ZdravPlus vision of health care reforms and present some of the results of the projects' work, particularly in the Health Finance area. ZdravPlus used this opportunity to emphasize the connections between FM and HF and discussed them in a way which gave direction, next steps, and a broad strategy for continued movement forward.

With regards to Population Involvement, the ZdravPlus team, in partnership with Counterpart International, completed the third round of the Healthy Community Grant Program and as a member of the Grant Review Committee, identified the winners and continued to provide technical assistance to grantees. In addition, results now compiled from the 2003 Keeping Children Healthy diarrhea campaign indicate that the population is putting that knowledge into practice. Along those lines, capacity building activities included trainings for health care workers and ministry officials on Interpersonal Communications Skills and effective surveying techniques.

ZdravPlus quality improvement activities over the past six months included support of the STI Working Group and a number of roundtables held on Evidence-Based Medicine. The ZdravPlus team is also very proud of its association with the new Dushanbe Drug Information Center (DIC). In the short time that it has been open, the DIC has been very active in educating the public and the MOH about responsible pharmaceutical use.

## **SUMMARY OF ACTIVITIES**

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### **Population Involvement**

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#### ***Healthy Communities Grants Program***

In conjunction with Counterpart International (CI), ZdravPlus continued to provide technical assistance to second round Healthy Communities Grants Program (HCGP) grantees and to monitor the progress of their projects. During the reporting period, the Third Round of the program was announced and concept papers reviewed. Additionally, a total of 26 projects from previous rounds were underway, including 15 Health Grants and 11 Community Action Grants. ZdravPlus continued to provide technical assistance and monitoring for these ongoing projects.

Grantee activities during the reporting period included, for example, a series of seminars entitled “The Role of Nurses in Forming Healthy Life Styles” organized by the NGO Mari. The training was conducted in collaboration with the Healthy Life Styles Center. The Director of the Center for Healthy Lifestyles (CHL), Nusratullo Amirov, previously trained as an interpersonal communications skills (IPCS) Master Trainer by ZdravPlus, included aspects of IPCS into the training program.

Another grantee, NGO Avesto, based in Dushanbe, organized a roundtable with the participation of leaders, medical workers, and teachers from the community, local NGOs, AED, CI, and ZP to discuss activities of the project related to improvement of hygiene and drinking water supply in schools. The meeting revealed that there were many shortcomings in terms of the availability of clean drinking water, but the participation of community leaders and their interest was significant.

On April 2, the newly built Medical House in Khoja Maston district was officially opened. This work was done by the NGO Center for Community Development Vahdat under an HCGP grant. Local authorities, community leaders, and the head of the Central District Hospital (CDH), along with USAID, ZdravPlus and CI representatives participated in the opening. This was an important event for the local community which brought together an NGO and the local government. The government will provide the health staff through the CDH and staff will be paid from the local Government’s (Jamoat) budget. Thus, a link was established between a non-governmental organization and the local government in this site and will serve as an example of community initiatives supported by the government.

ZdravPlus and CI made a joint visit to Khatlon Oblast to monitor several HCGP grantees. During the visit, CI and ZdravPlus organized a meeting with the Civil Society Support Centre (CSSC) in Kurgan-Tube to discuss new HCGP concepts, ways of improving of projects monitored by the CSSC, and assessment of the results of project activities.

Concept papers were collected and reviewed for the third round of HCGP. During the review process, conducted in April, the CSSCs were for the first time involved in the grant pre-selection process with the participation of ZdravPlus and CI. Meetings were convened at local CSSCs in Sogd and Khatlon Oblasts and Dushanbe. Concept papers were reviewed by a local review committees which were representative of CSSC, international organizations, the local health department, CI and ZdravPlus. The aim of this process was to increase the transparency and objectiveness of the selection process. As a result of the pre-selection, 36 groups were invited to submit project proposals (see table below) which were then reviewed by the Grant Review Committee in June. The committee approved 12 projects for funding. It should be noted that two out of the 12 NGOs received funding for the second time.

<b>Region/district</b>	<b>Total No of Concept Papers approved/submitted</b>	<b>Health Proposals</b>	<b>Community action proposals</b>
GBAO	5/ 5 submitted	0	5
Kurgan-Teppa zone	2 /6		2
Kulob zone	1/ 6		1
Soghd	2/ 7		2
Rayons of Republican Subordination (RRS) and Dushanbe	2/ 7	1	1
Rasht Valley	3/ 3		0

It should be noted that a number of professional associations submitted concept papers. However, due to the low quality of the proposals, none were selected for further development. It was proposed to provide more information on HCGP to these organizations in order to encourage them to apply for the next round of funding.

### ***Keeping Children Healthy Campaigns (KCH)***

The MOH conducted two information, education, and communication campaigns (IEC), with technical support from ZdravPlus, on Integrated Management of Childhood Illnesses (IMCI) topics: one on diarrheal diseases and one on ARI. ZdravPlus and UNICEF have now prepared a report, based on focus group feedback sessions in Dushanbe, and Varzob and Leninsky districts, on the results of the diarrhea campaign which actually took place in 2003. The results showed that although the total incidence of reported cases of diarrhea has increased, the number of severe cases has decreased significantly. The results also indicated that hospitalization and mortality rates have decreased. This is seen as an indication that community work, implemented through KCH campaigns, is an effective part of the overall IMCI strategy.

ZdravPlus, jointly with the MOH and UNICEF, launched the following diarrhea campaign in Khatlon Oblast in four pilot districts which were selected for KCH campaign implementation. ZdravPlus produced health promotion posters and brochures which will be used not only for that particular campaign but also throughout the rest of the country. The health promotion materials were distributed to Dushanbe and Khujand and NGOs in conjunction with the Sports and Health Education Project (SHEP).

### ***Trainings for Institutionalization of KCH Campaigns***

At the time of preparation for the 2003 KCH campaign, it was discovered that relevant MOH institutions are not sufficiently trained to assess the level of knowledge in the community about these conditions. Previously, they conducted cluster surveys which are time consuming and expensive. The MOH expressed their willingness to learn about other appropriate and less expensive methods for the level of community awareness assessments that they can use before and after the campaigns. ZdravPlus was asked to organize training for staff of different MOH institutions using focus group discussions. A Tajik trainer designed the training program and together with UNICEF conducted two-day trainings for the staff from the MOH, Republican City ARI Center, Republican and Dushanbe City Health Statistic Centers, Republican and City Centers for Healthy Life Styles promotion, Republican Reproductive Health Center, the Pediatric Department of the Medical University, and IMCI Centers in Dushanbe, Varzob and Leninsky. It is hoped that this capacity building activity will provide these organizations with the tools they need to conduct their own KCH campaigns in the future.

### ***Interpersonal Communications Skills (IPCS) Trainings***

ZdravPlus continued to offer IPC training to different sectors of the health profession. In cooperation with AED, the team organized IPC training sessions for family doctors and nurses in Dushanbe (January 16-17 and May 18-19), Khujand (May 26-27), Bohtar (May 28-20) and Khorog (June 7-8). Family doctors from Dushanbe stressed that this training positively influenced their attitude towards their patients. Some participants mentioned that it was the first time they thought about the importance of the patient's values and their effect on the treatment process. For others it was important to get feedback from patients in order to assess how closely the patient followed his or her prescriptions. This training will hopefully contribute to continued improvement in the quality of service provision.

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## **Quality Improvement**

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### ***Drug and Pharmaceutical Issues***

#### **Drug Information Center**

With technical assistance from ZdravPlus, the Dushanbe Drug Information Center (DIC), which officially opened in December of 2003, developed an annual work plan. The work plan was discussed with the Ministry of Health's Head of Pharmacy, Salomudin Isupov, and was officially approved in January 2004. The main activities of the DIC include the following:

- Dissemination of objective and independent information on drugs by issuing information leaflets, information bulletins, making presentations, and various other means;
- Promotion of rational drug use;
- Creation of an EBM resource center at the Tajikistan State Medical University's library;
- Preparation and presentation of programs for medical students and teachers on drug policy and EBM;
- Conduction of drug price monitoring and evaluation activities;
- Conduction of drug side effect monitoring and evaluations; and
- Participation in developing the first Tajik Drug Formulary, a guidebook for health care personnel with clinical descriptions, prescription advice, and side effects of EDL drugs.

In the past six months, the DIC has taken an active role in all of these areas, informing the public and the Government and educating existing and future health care workers about the variety of good and poor quality drugs available on the market in Tajikistan, and how best to use them.

The DIC has developed, printed and started disseminating the first issue of its Drug Bulletin. The bulletin covered the DIC opening ceremony, the roles and objectives of the centre, and focused on the concept of Evidence-Based Medicine (EBM). From now on, Drug Bulletins will be issued every other month with the next issue, on Antibiotic Use, set to be printed in July. In addition to Drug Bulletins, the DIC has also been preparing and printing informational flyers on Rational Drug Use topics such as the Essential Drug List concept, side effects, drugs and pregnancy, drugs and food, use of injections, EBM, etc. The DIC, in collaboration with the State Drug Expertise, has already printed and disseminated information on falsified drugs.

Sixty-two teachers and students participated in an educational workshop at the Medical Nursing School in Dushanbe. The campaign included dissemination of DIC developed and printed materials, presentations on the DIC, generic drugs, rational drug use, and the essential drug list concept. Four volunteers (5th year medical students) actively participated in and presented at the event.

A drug side-effect monitoring form (the "yellow form") has been developed by the DIC and presented to the Ministry of Health. The MOH has officially approved the form and issued a prikaz, which identifies pilot hospitals for testing the form. They include: Republican Clinical Cardiology Center, City Hospital N5, Dushanbe Infectious Diseases Hospital, Maternity Hospital #3, Oblast Hospitals in Kurgantube and Khujand, and Central Rayon Hospital in Rudaki. With assistance from the DIC in using these forms, the hospitals will be able to better serve their patients by employing better prescription practices.

Two DIC staff, Jamila Anvarova and Matluva Haqnazarova, traveled to Moldova in May for additional training on monitoring drug side effects. Thus, they will provide assistance with the yellow forms in selected hospitals. In addition, two DIC staff (Jamila Anvarova and Nargis Maqsudova) were trained in Almaty on Drug Price Monitoring and Evaluation methodology prepared by the WHO.

#### Pharmaceutical and Therapeutic Committees

The third and forth monitoring of the Pharmaceutical and Therapeutic Committees (PTC) have been conducted with WHO's Pharmaceutical group at five Central Rayon Hospitals (Varzob, Dangara, Leninsky, Bokhtar, and Kulob). These committees were trained in rational and effective drug use and educated about the EDL. They then went back to their respective hospitals and disseminated this information and act as facilitators to ensure that best practices are followed. The results of this follow-up monitoring are now being analyzed in order to evaluate the how this information is being put into practice.

### ***Evidence-Based Medicine (EBM)***

Three teachers (two from Tajik State Medical University and one from the Post Graduate Medical Institute) and the three DIC staff members attended a ZdravPlus/WHO EBM training seminar in Bishkek, Kyrgyzstan. The six are now members of an EBM working group.

David Burns, ZdravPlus regional EBM specialist, visited Dushanbe and led a two day discussion on introducing EBM in Tajikistan. Two teachers from the Medical University, one teacher from the Post Graduate Medical Institute, and three DIC staff members participated in the discussions. As a result, it was decided to organize two further roundtables: one with policy makers and one with the faculty of medical educational institutions. At the policy makers' level roundtable, EBM will be presented and discussed in general; at the faculty level the idea of developing and introducing EBM courses for medical students and family physicians will be discussed and next steps identified. The working group has begun to develop lectures for students.

David Burns also lectured on the concept of EBM in the department of Family Medicine at the Tajik State Medical University. Faculty and masters-level students of Family Medicine attended the lecture which was very well received.

### ***Sexually Transmitted Infections Case Management***

The Sexually Transmitted Infections (STI) Working Group established by the MOH and chaired by Dr. Bobokhodjaev, Head of the Medical Services Department at the MOH, went to Bishkek in June 2003 to visit the Tokmok pilot site and to assist with the planning of their pilot. David Burns met with the group and discussed plans for STIs Syndromic Case Management implementation in Tajikistan. They decided that TOT should be carried out in September. They agreed to use the WHO syndromic approach and have been pro-active in obtaining a prikaz and naming five pilot rayons including two in the south: Dangara Rayon and Baljuwan Rayon, two in the north: Taboshar and Sahristan Rayon and Varzob Rayon near Dushanbe. At the same time, provider trainings will take place in Varzob, while provider trainings for the other rayon pilots will be phased in as funds become available. Project Sino ("Tajik-Swiss Health Sector Reform and Family Medicine Support Project") agreed to cover training costs for Varzob and Dangara, which are Project Sino and World Bank pilot sites as well. The MOH also applied to the Tajik Global Fund committee for funding medication in two pilot districts (Taboshar and Baljuwan). A plan was made for seeking other sources of funding for medications, condoms, health promotion materials, and other costs and includes other NGOs and the local hokimiyats.

### ***Medical Education***

During the past six months, ZdravPlus sponsored Family Medicine consultant Brad Gerrish's travel to Tajikistan in order to assist in the creation of an overall strategy for Family Medicine training. The ZdravPlus consultant worked with the MOH on the creation of an overall strategy for Family Medicine training. He also collaborated closely with Orphans, Refugees, and Aid International (ORA) doctors and the Post Graduate Medical Institute (PGMI) to create a detailed implementation plan and strategy for the training of trainers (TOT) program already in place at Polyclinic #8. The overall strategy document, officially completed in mid-June, outlines a longer-term development plan for FM in Tajikistan.

At a conference called by the MOH from April 13-14, Brad Gerrish presented the ZdravPlus strategy on FM as well as the experience of the first round of the TOT program which finished in April.

In addition to this presentation, ZdravPlus had a number of other meetings with the MOH to outline the implementation strategy and sort out some specific issues such as the involvement of international consultants in the TOT. ZdravPlus had a series of discussions with the Minister about the importance of involving international consultants at the initial stages of FM training as essential for the quality assurance of the program. Specifically, ZdravPlus has been working to ensure that

Polyclinic #8, under the leadership of the PGMI and with ZdravPlus international doctors conducting the training, remains the single TOT center for Tajikistan. The ZdravPlus team had regular meetings with PGMI in order to plan the TOT for this year and to continue work on implementation of the updated program. The Minister also asked ZP to provide more assistance to the FM Training Centers in Khatlon and Soghd.

In relation to the FM curriculum, the team met with ZdravPlus consultant David Burns to discuss integrating the topics of STI Syndromic Case Management and EBM into the training. In addition, concerns regarding the quality of the final examination became an issue to be included in the wider discussion about the quality improvement of the trained doctors.

A meeting was also conducted with Dr. Chubakov, an Asian Development Bank (ADB) consultant, and the Director of PGMI of Kyrgyzstan who has experience in FM Training in Bishkek. A number of issues related to FM implementation were discussed during the meeting.

ZdravPlus continues to work on coordinating the overall FM implementation strategy with all stakeholders, including the ADB and MOH in order to ensure a strong and consistent process. Following the success of the first training, the new class of trainers, beginning training in July, has the full support of the Tajik MOH.

With support from AED, ZdravPlus organized a two-day seminar about new developments in FM medicine at the FMCTC of Khatlon Oblast. Thirty family doctors from Khatlon were present. Dr. Brad Gerrish introduced ZdravPlus's idea for national FM implementation to the audience. In this way, ZdravPlus is continuing to engage in Family Medicine development at the oblast levels as well as through national dialogue and the implementation of the TOT program.

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## **Improving Resource Use**

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### ***Health Care Financing***

#### **Health Finance Working Group**

ZdravPlus continues to support the intersectoral Health Finance Working Group (HFWG), which includes officials from the Ministry of Health, Ministry of Finance, Ministry of Economics and Trade, Ministry of Labor and Social Welfare, and Antimonopoly agency. Members of the HFWG and oblast health and finance officials participated in the regional conference on the Kyrgyz Health Financing Reform experience. The group actively participated at the conference and commented that it was a particularly useful event.

The HFWG is being recognized by donors and has been included in significant health finance activities by World Bank and Project Sino. Thus the group is involved in important health financing activities and discussions. For example, key members of the HFWG took part at the National Health Reform Conference held in April.

With ongoing technical assistance and support from ZdravPlus, the working group produced a working paper titled: *Strategy of Health Care Financing in the Republic of Tajikistan for the period 2005-2015*. The document lays out a new health financing strategy for Tajikistan consistent with the recent changes in the constitution. It highlights major principles and approaches to achieving more effective and efficient health financing such as new payment mechanisms and a shift towards Primary Health Care (PHC) services. It also defines the functions, responsibilities and relationships between all participants of the health system including the Parliament, the Government, Ministry of Finance, Ministry of Health, health and governance authorities at the oblast level, and individual facilities and providers.

This Health Finance Strategy was presented at the National Health Reform Conference by the head of the MOH Finance Department, Ms. Sharipova, who is a leading member of the HFWG. It is being discussed further at the Ministry of Health by key policy makers, including all department heads, and at the World Bank and Project Sino. The Ministry's key policy makers and stakeholders have accepted

the document without major concerns or asking for significant changes. The MOH is committed to gaining national approval of the document. Once approved, the Health Finance Strategy document will be the guiding document in reforming the health care financing system.

In April, the ZdravPlus team, led by Regional Director Sheila O'Dougherty, met with the Minister of Health Mr. Fayzulloev. Broad health financing policy and technical implementation issues were discussed. It was agreed that the Minister of Health and ZdravPlus team will meet regularly to discuss the implementation process.

As a result of the meeting, and in order to encourage and facilitate donor coordination and ensure transparency in the reform process, a draft "Detailed Health Financing Implementation Plan" has been developed by ZdravPlus and was discussed with the HFWG, WB, Project Sino, MOH and other invested parties. The plan outlines a step-by-step approach and clearly identifies tasks which need to be undertaken to implement the reforms set forth in the Strategy of Health Care Financing. The plan outlines activities in broad legal and policy dialogue and development, institutional structure and capacity building, pooling of funds, budget formation, provider-payment systems, monitoring and evaluation, and marketing. The implementation plan was very well received by the Minister of Health as it is a clear guide giving tangible steps in the health finance reform process and can be used as a management tool and to clarify strategy.

Responding to a request by the Ministry of Health and Ministry of Finance, Olga Zues, ZdravPlus Regional Health Economist, developed a capitated payment rate for rural primary health care facilities. The Ministry of Health, Ministry of Finance, the World Bank, and Project Sino commented on the practicality and appropriateness of the document. The Ministry of Finance accepted the document and intends to use the base formula as a tool for 2005 geographic budget allocation.

#### Cost Accounting

ZdravPlus is taking an active role in the creation and implementation of new provider payment systems for inpatient and outpatient care in Tajikistan. This entails the development of a case-based payment system for hospitals. A necessary step in this development is the collection of new data and information on hospital finances and clinical cases treated in order to calculate the appropriate level or rate of reimbursement for various hospital diagnostic cases. With a cost accounting system, it is possible for hospitals to enter detailed budget and cost information broken down by department and by unit expenditures in order to determine actual service unit costs which can then be linked to the specific clinical cases entered into the clinical case database.

In the past six months, the head of MOH Economics and Finance Planning Department, Ms. Sharipova, along with responsible personnel at two pilot hospitals (Dyakov's Republican Hospital #5 and Kurgantube Oblast Hospital), were trained on the cost accounting computer program which is based on the Microsoft Excel program. The training was led by Evgeniy Kutanov and Konstantin Lyashuk, ZdravPlus Regional IT Specialists. With technical assistance, the two hospitals have collected data and a step-down analysis was performed by Evgeniy Kutanov. Preliminary results have been presented to the hospitals and to relevant personnel at the MOH. Training ministry officials and health care personnel and linking the cost analysis data to the clinical cases database is an important step towards the formulation and implementation of the hospital cased-based payment system.

#### ***Health Information Systems***

The creation of a clinical database, along with data collection and entry, continued in four pilot hospitals (Dyakov's Republican Clinical Hospital #5, Kurgantube Oblast Hospital, Khujand Oblast Hospital, and Leninsky Rayon Hospital). At this point, more than 31,000 cases have been entered into the clinical database. Konstantin Lyashuk, a Regional ZdravPlus IT specialist, concluded that the quality of the data has been very good. A computer specialist has been hired to maintain both the computers and clinical database program.

In June, a workshop was conducted for the pilot hospitals and the Republican Medical Statistical Center. At the workshop, the databases for each of the hospitals were reviewed and discussed. Relevant staff of the four pilot hospitals were trained on the basics of the Excel program, which will enable them to use the clinical database at their hospitals to perform analyses.

### ***Health Reform and Management***

To follow up on the Health Reform seminar conducted in November, the recently created Health Reform Department at the MOH developed a plan to visit health facilities throughout Tajikistan to disseminate information on health reforms processes and concepts to health professionals. The Health Reform Department and key MOH staff, including Head of Oblast Health Departments, have started to cascade seminars to disseminate information on health reform concepts and current reform-related activities to the health workers in rural rayons. In April, May, and June seminars were conducted in districts and small towns throughout the Rasht Valley, Soghd Oblast, and Khatlon Region. The Minister of Health, Mr. Fayzullov, finds this activity to be very timely and useful.

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### **Legal and Policy**

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ZdravPlus continued to support the Health Finance Working Group's activities over the last six months. This support included continued development of working group members' overall understanding of health financing topics. ZdravPlus supported working group members attending the "Regional Dissemination of the Kyrgyzstan Health Financing Experience" conference held in Bishkek this May. During this conference, ZdravPlus finance specialists met separately with the Tajik attendees to discuss in more detail some of the important points of the Kyrgyz experience. As the HFWG is an intersectoral group, development of the members' knowledge is critical to wider acceptance of the Health Finance Strategy, since the members act as advocates within their own respective areas, such as the Ministry of Finance.

Additionally, ZdravPlus has continued to work to advocate for the policy changes spelled out in the health finance strategy document, and is pushing for its approval at the national level. The strategy has gained wide approval within the Ministry of Health and is currently being reviewed in other key ministries and at the national level.

Over the last six months, ZdravPlus has concentrated on developing a clear strategy for Family Medicine development throughout Tajikistan. This work has included bringing in FM consultant Brad Gerrish to concentrate on developing an overall strategy for Family Medicine development and a detailed Family Medicine training program which outlines the steps and processes as well as the major levels of family medicine rollout including the national Training of Trainers program, the regional Family Medicine Training Centers, and the plan for local doctors to be retrained, equipped and return to their communities to practice their new medical skills. These concepts and strategies have been advocated within the Ministry of Health, the Post Graduate Medical Institute, the Medical School, and with the FM working group. ZdravPlus has also actively advocated for acceptance of this strategy directly to the Minister of Health, and has gained verbal acceptance. Currently, a Memorandum of Understanding (MOU) is being developed to solidify the roles and responsibilities in implementing this strategy.

ZdravPlus continues to advocate the adoption of a policy side for the introduction of evidence-based medicine. Towards this end, a roundtable was held with policy makers in order to familiarize them further and discuss issues regarding EBM. In addition, a faculty member from PGMI gave a presentation on EBM at the recent Central Asia Conference on Quality Improvement in Health Care which lends greater importance to the issue within Tajikistan and shows the government that health care professionals are already active on the issue of EBM.

ZdravPlus is working to support the dissemination and implementation of Clinical Practice Guidelines (CPGs) in Tajikistan and is assisting in the planning of, and will give technical advice to,

the National Clinical Practice Guidelines Implementation and Dissemination Conference which will be held in September.

ZdravPlus also actively supports the STI working group's activities by assisting them in finding access to additional funding for STI drugs, since the lack of funds for such drugs is a major issue with regards to the formation of overall STI policy.

## **TURKMENISTAN**

### **Six-Month Report**

### **January – June 2004**

## **COUNTRY SUMMARY**

Over the past six months, activity in Turkmenistan has once again faced an uncertain policy environment. While the Ministry of Health remains cooperative with ZdravPlus, timely and effective implementation of activities remains a challenge. For example, in January, the necessary prikaz for interpersonal communication skills (IPCS) training was signed so late that participants could not make the first day of the training. In April, ZdravPlus was told that all foreign projects must operate under a memorandum of understanding (MOU) with their relevant ministry, and that all ZdravPlus activity would have to cease until an MOU was signed. A week later, an MOU was drafted and submitted for the signature of deputy Minister of Health, Byashim Sopiev. This took place in April, and has still not been signed by the deputy minister. However, ZdravPlus activity has continued unhindered.

In February, the ZdravPlus Country Manager, Alanna Shaikh, moved to Tashkent. She continued to spend one week a month in Turkmenistan, and the management transition was made smoothly. She remains in close contact with the office by phone and email, and in any meetings that take place while she is in Ashgabat. The change has not affected the project's relationship with the Ministry of Health.

## **SUMMARY OF ACTIVITIES**

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### **Population Involvement**

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#### ***Keeping Children Healthy (KCH) Campaigns***

The final KCH campaign, on diarrhea, took place in Rukhabat Etrap of Akhal Velayat from April to May. This was the second campaign in Rukhabat, and it was used to develop local capacity to implement health education campaigns. After this final campaign in Rukhabat, ZdravPlus will no longer organize and implement health education campaigns. Instead, ZdravPlus will support local authorities in implementing campaigns with financial support and technical assistance. Local authorities will be able to implement existing campaigns in new areas or develop education campaigns on new topics in etrap that have already been exposed to diarrhea, ARI, and nutrition messages.

At the beginning of the KCH campaign, all family nurses of the etrap (130 nurses) were taught by the Health Marketing Specialist and an IMCI trainer about key messages of the campaign, home care of sick children, danger signs that indicate it is necessary to visit a doctor immediately, the importance of breastfeeding, and other topics. The terms of the nurses' contest were also explained to the participants. Then, during the two months of the campaign, the nurses trained all women with children under five and pregnant women in their districts on diarrhea related topics. Ten thousand booklets, 2,000 posters and 3,000 flyers were distributed to the nurses to support their training activities.

An awards ceremony for the winners of the nurses' contest took place on June 4th. US ambassador Tracy Ann Jacobson, USAID Country Representative Brad Camp, Director of the National Health Center of the MOH of Turkmenistan Rejep Geldiyev, Mr. Mukhammed Baysakhatov, Director of Rukhabat Hospital Khaji Mukhadov, the Deputy Director of the Akhal Velayat Health Department, Mrs. Vera Chariyeva, a representative from the Maternal and Child Health Center, and other guests attended the ceremony. More than 150 nurses and physicians of Rukhabat Etrap took part in the ceremony. "It's a wonder what a community can do joining its efforts to strengthen the population's health," noted Ambassador Jacobson in the welcoming speech. Representatives of local health authorities expressed their deep gratitude to USAID and the ZdravPlus Project for their efforts in the

health sector in Turkmenistan. Nurses who took part in the campaign were excited to participate in the contest and requested more campaigns in the future. Guests at the ceremony from the velayat health department and the hokimiyat presented gifts to the winners of the contest and the Houses of Health that they represented, which was a demonstration of the official support that the KCH campaigns have garnered. The awards ceremony was aired twice on the National TV channel “Altyn Asyr,” and an article about the ceremony and campaign, in general, was published in the central newspaper “Neutral Turkmenistan.”

A pre-test of the population’s knowledge in Rukhabat Etrap of Akhal Velayat was done two weeks before the campaign, and a post-test was conducted two weeks after the campaign. The Health Marketing Specialist trained five interviewers and one supervisor on data collecting. According to the results of the pre-campaign survey, 45 percent of women answered that they would feed their sick children normally. After the campaign, this number increased to 75 percent, and the percentage of women who would feed a child more than usual was 21 percent. Only 45 percent of women gave sick children more water than usual before the campaign, and after the campaign this figure changed to 88 percent, and 12 percent answered that they would give water as usual. Forty-two percent of respondents knew that it was not allowed to give antibiotics without the permission of a doctor before the campaign and 96 percent gave the right answer to this question after the campaign. The population knowledge on IMCI danger signs improved significantly: 39 percent of people before the campaign and 98 percent of people after the campaign recognized that the condition in which “A child cannot drink/suck a breast, does not want to drink or on the contrary, a child is parched with thirst” as a danger sign. Sixty percent before and 97 percent after the campaign recognized the condition when “Health condition of a child becomes worse: a child is irritable or restless” as a danger sign.

### ***Healthy Pregnancy***

ZdravPlus is preparing for a six day Healthy Pregnancy TOT for 20 family nurses from five IMCI pilot sites and Ashgabat. The training was planned to take place in May, but it was postponed by the MOH. The new dates for the training are July 12-17. The Healthy Pregnancy Training will be conducted with support from the AED Start Project.

The curriculum for the training was developed by the ZdravPlus Country Director, the Marketing Specialist, a local medical specialist (gynecologist), and two Peace Corps health volunteers. Topics to be covered by the training will include communication topics such as: negotiation skills, effective communication, talking to your husband, and talking to your doctor, as well as healthy pregnancy topics such as nutrition during pregnancy, healthy habits, warning signs of when to see a doctor immediately, what to expect from labor and delivery, newborn care, breastfeeding and its importance, and changes to a mother’s body during pregnancy. The trained nurses will train 40 family nurses in each of their districts. The Healthy Pregnancy booklet was adopted from ZdravPlus Kazakhstan and 1,100 were printed in order to provide the participants of the training with educational materials.

### ***Other activities***

Upon request of the National Health Center, ZdravPlus printed 2,000 posters illustrating TB danger signs for World TB Day. These posters were distributed by the National Health Center among Houses of Health and hospitals everywhere in Turkmenistan.

ZdravPlus funded the production of 200 videotapes with ZdravPlus video spots on diarrhea, ARI, breastfeeding, antibiotics, nutrition, TB, and other health promotion video materials developed by the National Health Center. These videotapes were distributed by the National Health Center among Houses of Health and hospitals of Turkmenistan.

On January 10, ZdravPlus participated in a fair arranged by Peace Corps for new volunteers. An activity of ZdravPlus was presented to the participants of the fair. Black and white materials were distributed and contact information was given to all volunteers. An electronic version of all of

ZdravPlus' printed materials in Turkmen and English was sent by email to the interested volunteers afterwards.

On June 11, ZdravPlus participated in a fair for Peace Corps volunteers and their local counterparts. The ZdravPlus Marketing Specialist presented activities of the project to the participants and took requests from the volunteers and their counterparts for printing of marketing materials. All requested materials will be submitted by ZdravPlus to 13 Houses of Health of Turkmenistan in August.

By request from Peace Corps, ZdravPlus is going to fund the printing of a Turkmen-English-Russian Medical Dictionary developed by Peace Corps Volunteers. Peace Corps Volunteers, their counterparts, teachers and students at the Medical Institute, and physicians will use this dictionary.

Currently, ZdravPlus is conducting a formal tender for the production of marketing materials. Nine companies are participating in the tender. Once printed, the materials will be used to support local health departments in their health education activities and will be distributed to NGOs, Peace Corps Volunteers, and through the Center for Health.

Interpersonal Communications Skills (IPCS) Training for nurses was conducted from March 15-26. Two ZdravPlus trainers from Almaty and Bishkek trained six nurse master trainers from the MCH Institute and 15 nurse trainers from each velayat. The participants were very active during the training. According to pre-test and post-test scores, the increase in knowledge was 60 percent. Each of the participants received 700 pages of IPC training materials. This will support nurses in conducting IPC training. This nurse training was a follow-up to the December 2003 IPCS training for physicians.

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## **Quality Improvement**

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### ***Laboratory Training***

ZdravPlus completed six laboratory trainings in June. A total of 119 participants, 25 male and 94 female, were trained. All trainees received a copy of a manual on laboratory practices authored by Amanda Cooper for ZdravPlus.

In January, two training sessions were held in Lebap Velayat. In the first Lebap training, six participants were lab physicians while fourteen were lab technicians. A 69 percent increase in knowledge was found after the training. The second Lebap training had nine lab physicians and eleven technicians, and the post-test showed an increase in knowledge of 75 percent with 85 percent of participants answering all of the questions.

The first and second Mary trainings in April had 20 participants. The first training included seven lab physicians and thirteen technicians, who demonstrated a 40 percent increase in knowledge. The second session for Mary involved nine lab physicians and eleven technicians and led to a 35 percent increase in knowledge.

Nineteen participants were trained in the first Balkan session, which took place in March. Two of the participants were lab physicians and seventeen were lab technicians. There was a 22 percent knowledge increase. There was a 40 percent knowledge increase found in the 20 participants in the second Balkan training in March. Three of the participants were lab physicians and seventeen were lab technicians.

## **KEY OBSTACLES ENCOUNTERED/ISSUES**

ZdravPlus tried and failed to convince the MOH to send several participants to a seminar on health financing in Kyrgyzstan. Progress was made in convincing the government that learning about the international experience was valuable, but in the end the government decided that the conference would be focused on the Kyrgyz health reform experience and that they were not interested in what

has gone on in Central Asian countries. ZdravPlus is now working with AIHA on a study tour to Canada on health care finance for MOH officials.

## ABBREVIATIONS

<b>AC</b>	Licensing and Accreditation Commission
<b>ACTED</b>	Agency for Technical Development and Cooperation
<b>ADB</b>	Asian Development Bank
<b>AED</b>	Academy for Educational Development
<b>AFPZ</b>	Association of Family Physicians in Zhezkazgan
<b>AIHA</b>	American International Health Alliance
<b>AKF</b>	Aga Khan Foundation
<b>AKHS</b>	Aga Khan Health Service
<b>ALT</b>	Adult Learning Techniques
<b>AMEE</b>	Association of Medical Education in Europe
<b>AMEG</b>	American Manufacturing Export Group
<b>AOH</b>	Agency of Health
<b>APUA</b>	Alliance for the Prudent Use of Antibiotics
<b>ARI</b>	Acute respiratory infection
<b>ASVP</b>	Association of SVPs
<b>BWAK</b>	Business Women's Association of Kazakhstan
<b>CA</b>	(USAID) Cooperating Agency
<b>CAFE</b>	Central Asian Free Exchange
<b>CAG</b>	Community Action Grant
<b>CAP</b>	Community Action Projects
<b>CAIP</b>	Community Action Investment Project
<b>CAR</b>	Central Asian Region
<b>CARINFO</b>	Central Asian Region Information
<b>CBDE</b>	Computer Based Distance Education
<b>CBO</b>	Community based organization
<b>CC</b>	Counterpart Consortium
<b>CDC</b>	US Centers for Disease Control and Prevention
<b>CDD</b>	Control of diarrheal diseases
<b>CDIE</b>	Center for Development Information and Evaluation
<b>CG</b>	Community group
<b>CHD</b>	City Health Department
<b>CHH</b>	Community-Home Health
<b>CHL</b>	Center for Healthy Lifestyles
<b>CIF</b>	Clinical information form
<b>CINDI</b>	Countrywide Integrated Non-communicable Disease Intervention Program
<b>CME</b>	Continuing medical education
<b>CNE</b>	Continuing nursing education
<b>COC</b>	Combined oral contraceptive
<b>COR</b>	Council of Rectors
<b>CPG</b>	Clinical practice guidelines
<b>CPIB</b>	Central Project Implementation Bureau
<b>CQI</b>	Continuous Quality Improvement
<b>CRH</b>	Central rayon hospital
<b>CSG</b>	Clinical statistical group
<b>CTU</b>	Contraception Technology Update
<b>DBMS</b>	Database management system
<b>DDRP</b>	Drug Demand Reduction Project

<b>DEC</b>	Development Experience Clearing House
<b>DFID</b>	Department for International Development (United Kingdom)
<b>DIC</b>	Drug Information Center
<b>DOTS</b>	Directly observed treatment short course
<b>DRG</b>	Diagnosis related groups
<b>EBM</b>	Evidence-based Medicine
<b>EBN</b>	Evidence-based Nursing
<b>EDL</b>	Essential drug list
<b>EKG</b>	Electro cardiogram
<b>EKO</b>	East Kazakhstan Oblast
<b>EDIN</b>	Eurasian Network of Drug Information
<b>EDL</b>	Essential Drugs List
<b>EM</b>	ExxonMobil
<b>EPC</b>	Economic Policy Council
<b>F&amp;M</b>	Financing and Management
<b>FAP</b>	Feldsher/midwife ambulatory post
<b>FD</b>	Family Doctor
<b>FGP</b>	Family Group Practice
<b>FGPA</b>	Family Group Practice Association
<b>FM</b>	Family Medicine
<b>FMC</b>	Family Medicine Center
<b>FMCTC</b>	Family Medicine Clinical Training Center
<b>FMNTP</b>	Family Medicine Nurse Training Program
<b>FMRP</b>	Family Medicine Residency Program
<b>FMTC</b>	Family Medicine Training Center
<b>FOP</b>	Feldsher Obstetrics Point
<b>FP</b>	Family Planning
<b>FPEI</b>	Family Planning Education International
<b>FY</b>	Fiscal Year
<b>GBAO</b>	Gorno Badakshan Autonomous Oblast
<b>GBP</b>	Guaranteed Benefit Package
<b>GDA</b>	Global Development Alliance
<b>GP</b>	General Practitioner
<b>GRC</b>	Grant Review Committee
<b>GSAC</b>	Government Services Adjustment Credit
<b>GTD</b>	Global Training for Development Project
<b>HA</b>	Hospital association
<b>HAI</b>	Health Action International
<b>HCGP</b>	Healthy Communities Grants Program
<b>HCT</b>	Health Communication Team
<b>HF</b>	Health finance
<b>HIC</b>	Health Information Center
<b>HIF</b>	Health Insurance Fund
<b>HIS</b>	Health Information System
<b>HMC</b>	Health Management Center
<b>HOH</b>	Houses of Health
<b>HPC</b>	Health Purchasing Center <i>or</i> Health Promotion Center (UZ)
<b>HPWG</b>	Health Promotion Working Group
<b>HR</b>	Human resources
<b>ICD-10</b>	International Classification of Diseases Version 10
<b>ICMA</b>	International City-County Management Association

<b>ID</b>	Information Dissemination
<b>IDA</b>	International Development Association (World Bank)
<b>IDA</b>	International Dispensary Association
<b>IDC</b>	International Diseases Code
<b>IDS</b>	Intensive demonstration site
<b>IEC</b>	Information, education, and communication
<b>IESC</b>	International Executive Service Corps
<b>IHF</b>	International Hospital Federation
<b>IKO</b>	Issyk-Kul Oblast
<b>IMCI</b>	Integrated Management of Childhood Illnesses
<b>INRUD</b>	International Network for the Rational Use of Drugs
<b>INTRAC</b>	International Training and Research Center
<b>IOH</b>	Institute of Health
<b>ION</b>	International Organizations Network
<b>IPCS</b>	Interpersonal Communication Skills
<b>IPPF</b>	International Planned Parenthood Federation
<b>IR</b>	Intermediate result
<b>IUD</b>	Inter-uterine device
<b>JHPIEGO</b>	Johns Hopkins University affiliate working in reproductive health
<b>JICA</b>	Japan International Cooperation Agency
<b>JSI</b>	John Snow International, Inc.
<b>JWG</b>	Joint working group
<b>KAP</b>	Knowledge, attitudes, and practices
<b>KAFF</b>	Kazakhstan Association of Family Practitioners
<b>KCH</b>	Keeping Children Healthy
<b>KFW</b>	Kreditanstalt Fuer Wiederaufbau
<b>KMPA</b>	Kazakhstani Association for Sexual and Reproductive Health (formerly known as the Kazakhstani Medical Pedagogical Association)
<b>KSICME</b>	Kyrgyz State Institute for Continuous Medical Education
<b>KSMI</b>	Kyrgyz State Medical Institute
<b>KSMIRCME</b>	Kyrgyz State Medical Institute on Retraining and Continuous Medical Education
<b>KSMA</b>	Kyrgyz State Medical Academy
<b>LAC</b>	Kyrgyzstan Licensing and Accreditation Commission
<b>LAM</b>	Lactational Amenorrhea Method
<b>LRC</b>	Local Review Committee
<b>LHPIG</b>	Local Health Promotion Initiative Groups
<b>LRC</b>	Learning Resource Center
<b>M&amp;E</b>	Monitoring and Evaluation
<b>MA</b>	Medical Academy
<b>MAC</b>	Medical Accreditation Commission
<b>MASHAV</b>	Israel's Centre for International Cooperation
<b>MCH</b>	Maternal and Child Health
<b>MCHC</b>	Maternal and Child Health Center
<b>MES</b>	Medical Economic Standards
<b>MHI</b>	Mandatory Health Insurance
<b>MHIF</b>	Mandatory Health Insurance Fund
<b>MIC</b>	Medical Information Center
<b>MOE</b>	Ministry of Education
<b>MOF</b>	Ministry of Finance
<b>MOH</b>	Ministry of Health

<b>MOU</b>	Memorandum of understanding
<b>MSF</b>	Medicins Sans Frontieres
<b>NCC</b>	Nurse Coordinating Council
<b>NCDE</b>	National Center for Drug Expertise
<b>NDP</b>	National Drug Policy
<b>NFMRP</b>	National Family Medicine Residency Program
<b>NGO</b>	Nongovernmental organization
<b>NHA</b>	National Health Accounts
<b>NHLC</b>	National Healthy Lifestyles Center
<b>NHPC</b>	National Health Promotion Center
<b>NIS</b>	Newly Independent States
<b>NJWG</b>	National Joint Working Group
<b>ODBP</b>	Outpatient drugs benefits package
<b>OFD</b>	Oblast Finance Department
<b>OHD</b>	Oblast Health Department
<b>OMT</b>	Office of Market Transition
<b>OPD</b>	Outpatient Department
<b>OPIB</b>	Oblast Project Implementation Bureau
<b>ORA</b>	Orphans, Refugees and Aid International
<b>OSCE</b>	Objective Structured Clinical Exam
<b>OSI</b>	Open Society Institute (Soros Foundation)
<b>OST</b>	Office of Social Transition
<b>PACTEC</b>	Partners for Communications Technologies
<b>PC</b>	Prenatal care
<b>PCA</b>	Participatory Community Appraisal
<b>PCV</b>	Peace Corps Volunteer
<b>PDB</b>	Population Database
<b>PEPC</b>	Promoting Effective Perinatal Care
<b>PGI</b>	Postgraduate Institute
<b>PGMI</b>	Postgraduate Medical Institute
<b>PHC</b>	Primary Health Care
<b>PHCP</b>	Primary Health Care Practice
<b>PHF</b>	Primary Healthcare Facility
<b>PIB</b>	Project Implementation Bureau
<b>PIU</b>	Project Implementation Unit
<b>PMP</b>	Performance monitoring plan
<b>POC</b>	Progestin – only contraceptive
<b>PPS</b>	Provider Payment System
<b>PRA</b>	Participatory Rapid Appraisal
<b>PSI</b>	Population Services International
<b>PTC</b>	Pharmacy and Therapeutics Committee
<b>QA</b>	Quality Assurance
<b>QI</b>	Quality Improvement
<b>QIP</b>	Quality Improvement Pilot Project
<b>QIS</b>	Quality Improvement System
<b>QPHC</b>	Quality Primary Healthcare
<b>R&amp;D</b>	Research and Development
<b>RCCME</b>	Republican Center for Continuing Medical Education
<b>RFA</b>	Request for application
<b>RFP</b>	Request for proposal
<b>RH</b>	Reproductive health

<b>RHPC</b>	Republican Health Promotion Center
<b>RIAC</b>	Republican Information and Analytical Center
<b>RK</b>	Republic of Kazakhstan
<b>SDC</b>	Swiss Development Corporation
<b>SES</b>	Sanitary and Epidemiological Service
<b>SHEP</b>	Sports and Health Education Project
<b>SIF</b>	Social Insurance Fund
<b>SINO</b>	Tajik-Swiss Health Sector Reform and Family Medicine Support Project
<b>SM</b>	Safe Motherhood
<b>SPH</b>	School of Public Health
<b>SRC</b>	Systemic Research Center
<b>STG</b>	Standard treatment guidelines
<b>STI</b>	Sexually transmitted infection
<b>STLI</b>	Scientific Technology and Linguistics Institute
<b>SUB</b>	Small rural hospital
<b>SVA</b>	Semeinaia vrachebnii ambulatoria
<b>SVP</b>	Semeinaia vrachebnii punkt
<b>SVPA</b>	Semeinaia vrachebnii punkt association
<b>TA</b>	Technical assistance
<b>TARF</b>	Training Activity Request Form
<b>TASHME I and II</b>	Tashkent Medical Institute I and II
<b>TIAME</b>	Tashkent Institute for Advanced Medical Education
<b>TB</b>	Tuberculosis
<b>TB/DOTS</b>	Tuberculosis / directly observed treatment short-course
<b>TIMC</b>	Tashkent International Medical Clinic
<b>TOR</b>	Terms of reference
<b>TOT</b>	Training of trainers
<b>TQM</b>	Total Quality Management
<b>TRG</b>	Training Resource Group
<b>TS</b>	Treasury system
<b>TSMU</b>	Tajik State Medical University
<b>TWG</b>	Technical Working Group
<b>UHES</b>	Uzbekistan Health Examination Survey
<b>UNICEF</b>	United Nations Children's Fund
<b>UNFPA</b>	United Nations Population Fund
<b>USAID</b>	United States Agency for International Development
<b>USAID/CAR</b>	United States Agency for International Development/Central Asian Region
<b>UZMPA</b>	Uzbekistan Medical Pedagogical Association
<b>WAN</b>	Wide area network
<b>WB</b>	World Bank
<b>WCHD</b>	Woman and Child Health Development Project
<b>WG</b>	Working group
<b>WHO</b>	World Health Organization
<b>WONCA</b>	World Organization of Family Doctors
<b>WTO</b>	World Trade Organization
<b>ZP</b>	ZdravPlus